

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Sofaris (NO. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 791

File No. 12872

Primary Registration District No. 1003

Registered No. 3750

City Sofaris (NO. \_\_\_\_\_) City Hospital St. 5 Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Joseph Buechteman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE Single  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF DEATH March 28, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Feb 27, 1855  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 10, 1911, to March 28, 1911, that I last saw him alive on March 28, 1911, and that death occurred, on the date stated above, at 10<sup>th</sup> St.. The CAUSE OF DEATH\* was as follows:

AGE 56 yrs. 1 mos. 1 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

Injury  
34  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

OCCUPATION (a) Trade, profession, or particular kind of work Cook  
(b) General nature of industry, business, or establishment in which employed (or employer) 9-21

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_ mos. \_\_\_ ds.  
(Signed) Walter R. Hewitt M. D.  
March 28, 1911 (Address) City Hospital

BIRTHPLACE (City or town, State or foreign country) Germany

PARENTS NAME OF FATHER Karl Buechteman  
BIRTHPLACE OF FATHER Germany  
MAIDEN NAME OF MOTHER Augusta Fusch  
BIRTHPLACE OF MOTHER Germany

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. 6 ds. In the State 12 yrs. \_\_\_ mos. \_\_\_ ds.  
Where was disease contracted if not at place of death?  
Former or usual residence. 110 N. Osberg

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) E. Roman

PLACE OF BURIAL OR REMOVAL H. Peters DATE OF BURIAL March 30, 1911

(ADDRESS) City Hospital

UNDERTAKER H. G. Smith & Son ADDRESS 2805 N. Sacral

Filed MAR 29 1911 W. Wheeler Bond REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH

County St Louis

Township \_\_\_\_\_

Village \_\_\_\_\_

City St Louis

Registration District No. 791

File No. 12872

Primary Registration District No. 1003

Registered No. 3152

(NO. City Hospital St. 5 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Joseph Buechteman

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)

DATE OF BIRTH Feb. 27, 1855  
(Month) (Day) (Year)

AGE 56 yrs. 1 mos. 1 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work Cook  
(b) General nature of industry, business, or establishment in which employed (or employer) Loose

BIRTHPLACE (City or town, State or foreign country) Germany

PARENTS NAME OF FATHER Harl Buechteman BIRTHPLACE OF FATHER Germany  
MAIDEN NAME OF MOTHER Sophia Furch BIRTHPLACE OF MOTHER Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) hospital informant E. Rowan

(ADDRESS) City Hospital

Filed May 29 1911 W. Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 20, 1911, to March 28, 1911, that I last saw her alive on March 28, 1911, and that death occurred, on the date stated above, at 10:15 a.m.

The CAUSE OF DEATH\* was as follows: X

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) Walter R. Hewitt M. D. March 28 1911 (Address) City Hospital

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. 46 ds. In the State 12 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence 110 N. Bdivy

PLACE OF BURIAL OR REMOVAL St Peters DATE OF BURIAL Mar. 30 1911

UNDERTAKER Hy. Droste & Son ADDRESS 2805 N. Larn

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