

## PLACE OF DEATH

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

County \_\_\_\_\_

Township \_\_\_\_\_

Village \_\_\_\_\_

City \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

791

File No. 12931

1008

Registered No. \_\_\_\_\_

3217

City St. Louis Mo. (NO. Lutheran Hospital St. 8 Ward)

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

FULL NAME Frank Greiser

## PERSONAL AND STATISTICAL PARTICULARS

## 3 MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OF HAIR Blk SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) MarriedDATE OF DEATH March 28, 1911  
(Month) (Day) (Year)DATE OF BIRTH May 26, 1835  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from March 28<sup>th</sup>, 1911, to March 28<sup>th</sup>, 1911, that I last saw him alive on March 28<sup>th</sup>, 1911, and that death occurred, on the date stated above, at 5 P. m.AGE 75 yrs. 10 mos. 2 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Laborer 186A  
(b) General nature of industry, business, or establishment in which employed (or employer) 194E  
100EFracture of the neck of Femur  
(falling over rock)  
accidental.BIRTHPLACE (City or town, State or foreign country) Germany(Duration) \_\_\_ yrs. \_\_\_ mos. 6 ds.NAME OF FATHER George GreiserContributory chronic Bronchitis  
(SECONDARY) (Duration) 1 yrs. \_\_\_ mos. \_\_\_ ds.BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany(Signed) Edward Wenger M. D.MAIDEN NAME OF MOTHER Margaret HeindrichMarch 30, 1911 (Address) 2042 S. BroadwayBIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) Geo. WeissAt place of death \_\_\_ yrs. \_\_\_ mos. 5 ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.(ADDRESS) 412 Schuberguetz StWhere was disease contracted if not at place of death? 129 S.oulard StreetFormer or usual residence 120 S.oulard StFiled MAR 30 1911 W. Wheeler BondPLACE OF BURIAL OR REMOVAL New St. MarcusDATE OF BURIAL March 31, 1911UNDEERTAKER Oliver SmithADDRESS 412 Schuberguetz

REGISTRAR

CAUSE OF DEATH in blue ink so that it may be properly classified. Exact statement of OCCUPATION is very important. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

Dr. G. L. Carver, M.D. Deputy Registrar

# 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 cause. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT INJURY 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.)

