

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

PLACE OF DEATH

County Ray  
Township Richmond  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ of \_\_\_\_\_ Ward)

Registration District No. 741 File No. 15439  
Primary Registration District No. 5976A Registered No. 2

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

FULL NAME Mary T Reathorst

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED Widowed  
WIDOWED OR DIVORCED  
(Write the word)

DATE OF BIRTH May 19, 1844  
(Month) (Day) (Year)

AGE 66 yrs. 7 mos. 21 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) 7-33

BIRTHPLACE  
(City or town, State or foreign country) St. Louis Mo.

PARENTS  
NAME OF FATHER Fredrick Meyer  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
MAIDEN NAME OF MOTHER Margaret Mack  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Alma M Reathorst  
(ADDRESS) Richmond Mo R.F.D.#6

Filed April 10, 1911 E. G. Smith  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 28, 1910, to Jan 10, 1911, that I last saw her alive on Jan 10, 1911, and that death occurred, on the date stated above, at 9:30 am. The CAUSE OF DEATH\* was as follows:  
Pneumonia  
109A 97

(Duration) \_\_\_ yrs. \_\_\_ mos. 13 ds.

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

(Signed) H. G. Smith M. D.  
(Address) Hennetta  
1911

\*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. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

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

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Richmond Cemetery DATE OF BURIAL Jan 12, 1911

UNDERTAKER W. O. Mansur ADDRESS St. Louis, Mo.

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.

# 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 sex. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Jan*, *Compositor*, *Architect*, *Locomotive engineer*, *Ship 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 name 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) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Fireman*, (b) *Automobile factory*. The material on this line may form part of the second statement. For occupations return "Laborer," "Foreman," "Manager," "Operator," etc., without more precise specification, as *Miner*, *Farmer laborer*, *Laborer—Coal mine*, etc. For persons 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*, *Housewife—At home*, and children, not gainfully employed, as *Child—At school* or *At home*. Care should be taken to specify specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given 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 return *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 standard term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "throat"); *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; "Cause less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. contributory (secondary or intercurrent) affection not be stated unless important. Example: *Measles (primary cause causing death), 29 ds.*; *Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms of minimal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite diagnosis can be ascertained as the cause. Always qualify diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*." For VIOLENT DEATHS state MEANS OF INJURY; qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, if probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—home*; *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 head of "Contributory." (Recommendations on nomenclature of cause of death approved by Committee on Nomenclature of the American Medical Association.)



Filed

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REGISTRAR

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ADDRESS

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