

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County St. Louis
Township Bonifant
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

CERTIFICATE OF DEATH

Registration District No. 785 File No. 15568
Primary Registration District No. 6031 Registered No. 66

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

FULL NAME Gottfried Knodel

PERSONAL AND STATISTICAL PARTICULARS

✓ MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH April 2, 1911
(Month) (Day) (Year)

DATE OF BIRTH April 10, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 24 1911, to date 1911, that I last saw him alive on March 24; 1911, and that death occurred, on the "date stated above, at 7:30 p.m.

AGE 76 yrs. 11 mos. 23 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 Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer) J. J. J.

Sclerosis of heart
93C
57B 81
Unknown (Duration) ____ yrs. ____ mos. ____ ds.

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

Contributory Rheumatism (SECONDARY) (Duration) 4 yrs. ____ mos. ____ ds.

NAME OF FATHER Not known.

(Signed) J. J. J. M. D.

BIRTHPLACE OF FATHER (City or town, State or foreign country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (City or town, State or foreign country) " "

191____ (Address)

*State the Disease Causing Death, or, in deaths from Violent 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) H. J. Gunther

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

(ADDRESS) St. Joseph's College

Where was disease contracted if not at place of death? _____

Filed 4-12 1911 W. A. Dunnaway

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Home Cem. DATE OF BURIAL April 4 1911

UNDERTAKER Louis H. Boff ADDRESS Lindwood

REGISTRAR

Mo

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 15727A

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

PLACE OF DEATH
County St. Louis
Township Bonhomme
or
Village
or
City

Registration District No. 785 File No. 15368
Primary Registration District No. 0031 Registered No. 66
St. _____ Ward _____

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

FULL NAME Rottfried Kinodel

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH 4-10, 1884
(Month) (Day) (Year)
AGE 76 yrs. 11 mos. 20 ds.
If LESS than 1 day, ___ hrs. or ___ min.
OCCUPATION
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4-2, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 2/26, 1911, to date, 1911,
that I last saw him alive on 2/26, 1911,
and that death occurred, on the date stated above, at 8:00 m.
The CAUSE OF DEATH* was as follows:

Sclerosis of heart

BIRTHPLACE (City or town, State or foreign country) St. Louis, Mo.
PARENTS
NAME OF FATHER Wood Kinodel
BIRTHPLACE OF FATHER (City or town, State or foreign country) "
MAIDEN NAME OF MOTHER "
BIRTHPLACE OF MOTHER (City or town, State or foreign country) "

Contributory Permeation
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. Pitman M. D.
11-3, 1911. (Address) Kirkwood

*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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. Guenther
(ADDRESS) Kirkwood Mo

PLACE OF BURIAL OR REMOVAL Home Cem. DATE OF BURIAL 4/4, 1911

Filed 4-12, 1911 C. A. Dummerant REGISTRAR

UNDERTAKER Louis H. Bopp ADDRESS Kirkwood Mo

Original file, date 4-12, 1911. All information called for must be written on this Supplementary Certificate.

SUPPLEMENTARY

This certificate 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]

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