

PLACE OF DEATH -

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

County _____

Township _____

or Village _____

or City _____

City St Louis (NO. 43022720th St.: 1 Ward)

Registration District No. 791

File No. 19500

Primary Registration District No. 1003

Registered No. 4713

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

FULL NAME Kathryn Schroeder

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH May 13th, 1911
(Month) (Day) (Year)

DATE OF BIRTH Dec 5, 1838
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 1, 1911, to May 13th, 1911, that I last saw her alive on May 13th, 1911, and that death occurred, on the date stated above, at 1.6 p.m.

AGE 71 yrs. 10 mos. 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 None

Valvular disease of heart

(b) General nature of industry, business, or establishment in which employed (or employer) None

92A
112
(Duration) ___ yrs. 4 mos. ___ ds.

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

Contributory Asthma
(SECONDARY) (Duration) ___ yrs. 6 mos. ___ ds.

NAME OF FATHER John Ratz

(Signed) Carl Orth M. D.
May 15th, 1911 (Address) 1437 Pine

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

MAIDEN NAME OF MOTHER Unknown

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

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) Edw. J. Cannon

Where was disease contracted if not at place of death?

(ADDRESS) 4507 N. 79th

Former or usual residence St. Peter's Cemetery

Filed MAY 15 1911 May 6 Steckloff

PLACE OF BURIAL OR REMOVAL St. Peter's DATE OF BURIAL May 16 1911

REGISTRAR Geo. Brekers ADDRESS 4438 N. 20th

N. B.—Every item of information furnished of necessity undergoes a careful review. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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*, *Compositor*, *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." State cause for which surgical operation taken. For VIOLENT DEATHS state MEANS or qualify as ACCIDENTAL, SUICIDAL, or HOW probably such, if impossible to determine. Examples: *Accidental drowning*; *Struck train—accident*; *Revolver wound of head*; *Poisoned by carbolic acid—probably suicide* of the injury, as fracture of skull (sequences (e. g., *sepsis*, *tetanus*) may be stated in head of "Contributory." (Recommendation of cause of death approved by Nomenclature of the American Medical Association.)

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