

PLACE OF DEATH

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

County _____

Township _____

Registration District No. **791**File No. **19609**

Village _____

Primary Registration District No. **1003**Registered No. **4830**City **St Louis Mo** (NO. **St Vincents Orphan Asyl.** St. **14** Ward)

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

FULL NAME **Lister Theresia (Elvert)**

PERSONAL AND STATISTICAL PARTICULARS

SEX **Female** COLOR OR RACE **White** SINGLE MARRIED WIDOWED OR DIVORCED **Single**
(Write the word)DATE OF BIRTH **Jan 1 1892**
(Month) (Day) (Year)AGE **79** yrs. **4** mos. **17** ds. If LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION
(a) Trade, profession, or particular kind of work **Teacher**
(b) General nature of industry, business, or establishment in which employed (or employer) **g. 216**BIRTHPLACE
(City or town, State or foreign country) **Germany**NAME OF FATHER **Carl Elvert**BIRTHPLACE OF FATHER
(City or town, State or foreign country) **Germany**MAIDEN NAME OF MOTHER **Wilhelmina**BIRTHPLACE OF MOTHER
(City or town, State or foreign country) **Germany**

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Sister Evangelista**
(ADDRESS) **1421 Hogan St.**Filed **MAY 19 1911** **Mar C. Stackloff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **54** **18** **1911**
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from **May**, 19**11**, to **May 18**, 19**11**, that I last saw her alive on **May 17**, 19**11**, and that death occurred, on the date stated above, at **11:30** a.m.The CAUSE OF DEATH* was as follows:
59 Diabetic Mellitus
11:30 **LD**
(Duration) ___ yrs. ___ mos. ___ ds.Contributory **Broncho-Pneumonia**
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Cause) **Pharyngoman** M. D.
May 19 1911 (Address) **14531 Washington**

* 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 **23** yrs. ___ mos. ___ ds. in the State ___ yrs. ___ mos. ___ ds.Where was disease contracted
If not at place of death?Former or usual residence **1421 Hogan St.**PLACE OF BURIAL OR REMOVAL **Calvary** DATE OF BURIAL **May 22nd 1911**UNDERTAKER **Fry, Brockland & Co.** ADDRESS **1421 9th St.**

REVISED United States Standard Classification 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*, *peritonaeum*, 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.)



PLACE OF DEATH

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.

County _____

Township _____

or _____

Village _____

or _____

City St. Louis Mo. (NO. St. Vincents Orphan asyl. - 4 Ward)Registration District No. 791File No. 19609Primary Registration District No. 1003Registered No. 4830

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

FULL NAME Sister Theresia (Elbert)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single.DATE OF BIRTH Jan - 1, 1832
(Month) (Day) (Year)AGE 79 yrs. 4 mos. 17 ds. IF LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION (a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE (City or town, State or foreign country) GermanyNAME OF FATHER Carl ElbertBIRTHPLACE OF FATHER (City or town, State or foreign country) GermanyMAIDEN NAME OF MOTHER Wilhelmina PerneckayBIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Crangelista(ADDRESS) 1421 Hogan St.
John B. Brockland InformantJuly 25, 1911, P. 3. Prograt
Wets REGISTRAROriginal file, date. _____ 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5" 18" 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from May 18, 1907, to May 18, 1911, that I last saw her alive on 4 17, 1911, and that death occurred, on the date stated above, at 12:30 A. M.The CAUSE OF DEATH* was as follows: Diabetes Mellitus(Duration) ___ yrs. ___ mos. ___ ds.
Contributory Broncho-Pneumonia
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.(Signed) John O. Gushman M. D.
May 19, 1911 (Address) 4531 Washington

*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 23 yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

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

Former or usual residence. 1421 Hogan St.PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL May 22, 1911UNDERTAKER Aug. Brockland & Co. ADDRESS 1421 N. 9th St.

All information called for must be written on this Supplemental Certificate

Revised United States Standard Certificate of Death

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

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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.)