

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis, Mo. (NO. _____)Registration District No. 7911003

Primary Registration District No. _____

File No. 26244Registered No. 6439City St. Louis, Mo. (NO. _____) 4427 Margaretta St. 21 Ward

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

FULL NAME Samuel Gold

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single

DATE OF BIRTH

May (Month) 3 (Day) 1911 (Year)

AGE

— yrs. 2 mos. 2 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE

(City or town, State or foreign country) St. Louis, Maternity Hosp.

NAME OF FATHER

Harry Gold

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Russia

MAIDEN NAME OF MOTHER

Sarah Cohen

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,

(Informant) The Children's Home Society of Mo.(ADDRESS) 4427 Margaretta Ave.

Filed

Jul - 7 1911Mar. C. Starkloff

REGISTRAR

DATE OF DEATH

July (Month) 5 (Day) 1911 (Year)I HEREBY CERTIFY, that I attended deceased from July 2, 1911, to July 5th, 1911, that I last saw him alive on July 4th, 1911, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus189 (Duration) 15? yrs. — mos. — ds.

Contributory

(SECONDARY)

(Duration) — yrs. — mos. — ds.(Signed) David R. Overman, D.July 5, 1911. (Address) 4945 Maple

*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. 11 ds. In the State — yrs. 2 mos. 2 ds.Where was disease contracted? The Children's Home Society of If not at place of death? Mo.Former or usual residence Maternity Hospital, St. Louis

PLACE OF BURIAL OR REMOVAL

POTTERS FIELDUNDERTAKER CIT

DATE OF BURIAL

7-8, 1911

ADDRESS

5800 Avenue

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.

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, 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

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____
 Township _____ or Village _____ or City St Louis
 Registration District No. 791 File No. _____
 Primary Registration District No. 1003 Registered No. 6409
 (NO. 4427 Margaretta Ave. 21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Samuel Gold

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE single MARRIED single WIDOWED single OR DIVORCED single (With or without)

DATE OF BIRTH May 3, 1911
 (Month) (Day) (Year)

AGE 2 yrs. 2 mos. 2 ds. If LESS than 1 day, ____ hrs. or ____ min.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5, 1911
 (Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from July 2, 1911 to July 5, 1911, that I last saw h. in alive on July 4, 1911, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

OCCUPATION
(a) Trade, profession, or particular kind of worknone

(b) General nature of industry, business, or establishment in which employed (or employer)

MaremusBIRTHPLACE
(City or town, State or foreign country)

NAME OF FATHER

Harry GoldBIRTHPLACE OF FATHER
(City or town, State or foreign country)Russia

MAIDEN NAME OF MOTHER

Anna KohnBIRTHPLACE OF MOTHER
(City or town, State or foreign country)Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

I, M. G. Stors(ADDRESS) 4427 Margaretta AveFiled SEP -3 1911 1911A. G. Snodgrass
Reg REGISTRAR

Contributory

(SECONDARY)

Signed David O. Coerman M.D.
July 5, 1911 (Address) 4948 Maple

*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 11 yrs. 2 mos. 2 ds. In the State 2 yrs. 2 mos. 2 ds.
Where was disease contracted? The Children's Home Socy of Mo.
If not at place of death?Former or usual residence Maternity Hosp

PLACE OF BURIAL OR REMOVAL

Walters Field City

DATE OF BURIAL

7-8 1911

UNDERTAKER

James Walsh

ADDRESS

5800 Grand

Original file, date _____, 19____

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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