

## PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. LouisRegistration District No. 791File No. 26396Primary Registration District No. 1003Registered No. 6570(NO. 1421 St. Charles St. 5 Ward)

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

FULL NAME Harry Watson

## PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED Single  
(If write the word)DATE OF BIRTH April 3<sup>rd</sup> 1911  
(Month) (Day) (Year)AGE 3 yrs. 3 mos. 3 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?OCCUPATION (a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) 0BIRTHPLACE (City or town, State or foreign country) St. LouisPARENTS  
NAME OF FATHER Robert Watson  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio  
MAIDEN NAME OF MOTHER Alice Smith  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Watson(ADDRESS) 1421 St. CharlesFiled JUL 11 1911 1911 Max C. Starkloff

REGISTERER

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

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9<sup>th</sup> 1911  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from July 7<sup>th</sup> 1911, to July 9<sup>th</sup> 1911, that I last saw him alive on July 6<sup>th</sup> 1911, and that death occurred, on the date stated above, at 10<sup>00</sup> P.M.

The CAUSE OF DEATH\* was as follows:

Bacillus-pneumonia  
119<sup>th</sup> St.129<sup>th</sup> St.  
(Duration) \_\_\_ yrs. \_\_\_ mos. 10 ds.Contributory Bacterial Enteritis  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 10<sup>2</sup> ds.(Signed) J. C. Hempelmann M. D.  
July 10 1911 (Address) Metropolitan Bldg.

\*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 Patterson Field DATE OF BURIAL 7-12 1911UNDERTAKER City ADDRESS 5800 Arsenal

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*, *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.)

JUN 10 1954



PLACE OF DEATH

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

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

County \_\_\_\_\_  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City St. Louis (No. 1421 St. Charles St. 5 Ward) Registration District No. 791 File No. \_\_\_\_\_  
 Primary Registration District No. 1003 Registered No. 6570  
 FULL NAME Harry Watson [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED Single  
 DATE OF BIRTH Apr. 3, 1911 (Month) (Day) (Year)  
 AGE 3 yrs. 3 mos. 3 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
 OCCUPATION (a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employe)  
 BIRTHPLACE (City or town, State or foreign country) St. Louis  
 NAME OF FATHER Robert Watson  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio  
 MAIDEN NAME OF MOTHER Wendy Smith  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1911 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1911, to July 9, 1911, that I last saw him alive on July 8, 1911, and that death occurred, on the date stated above, at 10<sup>00</sup> m.  
 The CAUSE OF DEATH\* was as follows:  
Bronchitis - pneumonia  
 Contributory (SECONDARY) Gastro Enteritis (Duration) \_\_\_ yrs. \_\_\_ mos. 10 ds.  
 (Signed) J. C. Kempelmann M. D. (Address) Metropolitan Bldg  
July 10, 1911 (Duration) \_\_\_ yrs. \_\_\_ mos. 10? ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Harry Watson  
 (ADDRESS) 1421 St. Charles

\*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 \_\_\_\_\_

Filed SEP - 3 1911 A. G. Snodgrass REGISTRAR  
 PLACE OF BURIAL OR REMOVAL Potters Field DATE OF BURIAL 7-12, 1911  
 UNDERTAKER James Watson ADDRESS 5800 Arsenal

# Revised United States Standard Certificate of Death

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

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