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.

PLACE OF DEATH

County

Township
or
Village
or
City St Louis, Mo. (No 4427 Margaretta Ave. 21 Ward)

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

Registration District No. 1791 File No. 26673

Primary Registration District No. 2003 Registered No. 6872

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

FULL NAME Bernice Statler

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH April (Month) 30 (Day), 1911 (Year)

AGE — yrs. 2 mos. 20 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) Cape Girardeau, Mo

PARENTS
NAME OF FATHER Clarence Statler
BIRTHPLACE OF FATHER (City or town, State or foreign country) unk
MAIDEN NAME OF MOTHER Della Rose
BIRTHPLACE OF MOTHER (City or town, State or foreign country) unk

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) The Children's Home Society of Mo

(ADDRESS) 4427 Margaretta Ave

Filed JUL 21 1911 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 20 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from July 1st, 1911, to July 20, 1911, that I last saw her alive on July 18th, 1911, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Marasmus

189

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) D. R. Overman M. D.

July 20, 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 ___ yrs. ___ mos. 26 ds. In the State ___ yrs. ___ mos. 26 ds.

Where was disease contracted if not at place of death? 4427 Margaretta Ave

Former or usual residence Cape Girardeau Mo

PLACE OF BURIAL OR REMOVAL POTTERS FIELD DATE OF BURIAL JUL 22 1911

UNDERTAKER CITY ADDRESS 5800 Arsenal

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, Sarcoma*, 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 *septichaemia*," "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.)

HUGH STEPHENS, JEFFERSON CITY.

PLACE OF DEATH

County

Township or Village or City St. Louis Mo (NO. 4427 Margaretta Ave. 21 Ward)

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

Registration District No. 791 File No.

Primary Registration District No. 1003 Registered No. 6872

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

FULL NAME Bernice Statler

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH April (Month) 30 (Day), 1911 (Year)

AGE ..... yrs. 2 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION (a) Trade, profession, or particular kind of work none

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

BIRTHPLACE (City or town, State or foreign country) Cape Girardeau, Mo

PARENTS

NAME OF FATHER Clarence Statler

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

MAIDEN NAME OF MOTHER Della Ross

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) The Children's Home Society of Mo

(ADDRESS) 4427 Margaretta Ave

Filed SEP -3 1911 1911 A. G. Snodgrass Sup REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 20 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from July 1, 1911, to July 20, 1911, that I last saw her alive on July 18, 1911, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D.R. Overman, M. D.

July 20, 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 ..... yrs. ..... mos. 26 ds. In the State ..... yrs. ..... mos. 26 ds.

Where was disease contracted if not at place of death? 4427 Margaretta Ave

Former or usual residence Cape Girardeau Mo

PLACE OF BURIAL OR REMOVAL Potters Field DATE OF BURIAL July 22, 1911

UNDERTAKER James Walsh ADDRESS 5800 Arsenal

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]

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.*

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