

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County St. Louis
 Township St. Charles
 or
 Village St. Charles
 or
 City _____ (NO. _____ St.: _____ Ward)

Registration District No. 789
 Primary Registration District No. 6088B

File No. 29400
 Registered No. 149

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

FULL NAME Eva Sasserrath

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>widow</u>
DATE OF BIRTH <u>September 10, 1885</u> (Month) (Day) (Year)		
AGE <u>66 yrs. 11 mos. 19 ds.</u>		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Germany</u>		
PARENTS	NAME OF FATHER <u>Jacob Dietz</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>	
	MAIDEN NAME OF MOTHER <u>Don't know</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christ Sasserrath

(ADDRESS) Bridgeton Mo

Filed Aug 31, 1911 Rolla Brewer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 30th, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 30th, 1911, to 30th, 1911, that I last saw her alive on Aug. 30th, 1911, and that death occurred, on the date stated above, at 8 P.M., The CAUSE OF DEATH* was as follows:

Accident

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

Contributory
(SECONDARY)

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

(Signed) M. A. Steedman M. D.
Aug 30, 1911 (Address) Bridgeton Mo

*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

St. Anns. Cem.

DATE OF BURIAL

Sept 1, 1911

UNDERTAKER

John Koch & Sons

ADDRESS

4650 Easton

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," 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

County St. Louis
 Township Central
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ 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. 789 File No. _____

Primary Registration District No. 6033B Registered No. 149

FULL NAME

Eva Sassenrath

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

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE N. SINGLE MARRIED WIDOWED OR DIVORCED N.
(Write the word)

DATE OF BIRTH 9 10 1845
(Month) (Day) (Year)

AGE 66 yrs. 11 mos. 19 ds. If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

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

NAME OF FATHER Jacob

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

MAIDEN NAME OF MOTHER Wittmer

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eva Sassenrath

(ADDRESS) Bridgeton, Mo.

Filed Aug 31 1911 Rolla Cray REGISTRAR

Original file date Aug 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8-30, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 8-20, 1911 to 8-30, 1911, that I last saw him alive on 8-30, 1911,

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Accident - internal bleeding
jumped from a second story window
 (Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) H. Sheldon M. D.
8-20, 1911 (Address) Bridgeton, Mo.

*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 usual residence _____

PLACE OF BURIAL OR REMOVAL St Ann's Cem. DATE OF BURIAL 9-1, 1911

UNDERTAKER John Koch & Sons ADDRESS 4650 Easton

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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