

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City _____ (NO. _____)

Registration District No. _____

791

File No.

32613

Primary Registration District No. _____

1008

Registered No.

8062

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

FULL NAME

St. Louis St. Mary's Infirmary 6
Charles E. Montelle

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Male* COLOR OF RACE *White* SINGLE MARRIED WIDOWED OR DIVORCED *Widowed*
(Write the word)

DATE OF DEATH *Aug 30*, 191*1*
(Month) (Day) (Year)

DATE OF BIRTH *February 13*, 18*88*
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Aug 18*, 191*1*, to *Aug 30*, 191*1*, that I last saw him alive on *July 29*, 191*1*, and that death occurred, on the date stated above, at *7:30* AM

AGE *53* yrs. *6* mos. *17* ds. IF LESS than 1 day, ____ hrs. or ____ min.?

THE CAUSE OF DEATH* was as follows:
Acute Nephritis
17 (Duration) yrs. mos. ds.

OCCUPATION (a) Trade, profession, or particular kind of work *Paper Hanger*
(b) General nature of industry, business, or establishment in which employed (or employer) *For himself*

Contributory *Acute Nephritis*
(SECONDARY) (Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) *France*

(Signed) *F. Stenhouse* M. D. *Aug 31*, 191*1* (Address) *3206 Lafayette*

NAME OF FATHER *Chas Montelle Sr*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

MAIDEN NAME OF MOTHER *Not ascertainable*

At place of death ____ yrs. ____ mos. *10* ds. In the State ____ yrs. ____ mos. ____ ds.

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

Where was disease contracted if not at place of death?

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Former or usual residence *3103 1/2 Caroline*

(Informant) *Martha Touya*

PLACE OF BURIAL OR REMOVAL *Cabary* DATE OF BURIAL *Sept 1*, 191*1*

(ADDRESS) *3103 1/2 Caroline*

UNDERTAKER *Wittler Bros. L. and W. Co* ADDRESS *3140 Park*

Filed *SEP - 3* 191*1* *May C. Starkloff* REGISTRAR

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.)



County _____
Township _____ or Village _____ or City St Louis (NO. St. Marys Infirmary Ward) Registration District No. 791 File No. _____ Primary Registration District No. 1903 Registered No. 8062

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

FULL NAME Charles E. Mantelle

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widow</u> (Write the word)
DATE OF BIRTH <u>Feb 13, 1858</u> (Month) (Day) (Year)		
AGE <u>56 yrs. 6 mos. 17 ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min. <u>2</u>
OCCUPATION (a) Trade, profession, or particular kind of work <u>Paper Hanger</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>France</u>		
PARENTS	NAME OF FATHER <u>Chas Mantelle Sr.</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>France</u>	
	MAIDEN NAME OF MOTHER <u>Not Ascertained</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>France</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Aug 30, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 18, 1911, to Aug 30, 1911, that I last saw him alive on Aug 29, 1911, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:
Aortic Regurgitation

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

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

(Signed) E. Newhoff M. D.
Aug 31, 1911 (Address) 3206 La Fayette

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Martha Tonga
(ADDRESS) 310 3 1/2 Caroline

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. 16 ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence 310 3 1/2 Caroline

Filed Oct. 30, 1911 A. G. Snodgrass REGISTRAR

PLACE OF BURIAL OR REMOVAL
Calvary

DATE OF BURIAL
Sept 1, 1911

ADDRESS
3140 Park

UNDERTAKER
Milke Bros & Co

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.)

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