

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City St. Louis (NO. 4753)Registration District No. 791File No. 32695Primary Registration District No. 1003Registered No. 8153City St. Louis (NO. 4753) City Hospital (St. 7 Ward)

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

FULL NAME Peter Reden

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)DATE OF DEATH Sept 4, 1911
(Month) (Day) (Year)DATE OF BIRTH June 29, 1840
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Aug 30, 1911, to Sept 4, 1911, that I last saw him alive on Sept 3, 1911, and that death occurred, on the date stated above, at 6:30 p.m.AGE 71 yrs. 2 mos. 5 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction4 1/2 D177 B (Duration) ___ yrs. ___ mos. ___ ds.Contributory Carcinoma Pectus

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

(Signed) A. H. Lewis M. D.Sept 4, 1911 (Address) City Hospital

*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. 4 ds. In the 40 yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence 1716 PapinPLACE OF BURIAL OR REMOVAL New St. MarcusDATE OF BURIAL Sept. 6, 1911UNDERTAKER Frank HetlageADDRESS 907 Chouteau

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Stapler Confirmation(Informant) E. Roman(ADDRESS) City HospitalFiled SEP -5 1911Max 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*, *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 less definite; avoid unneoplasms); *Measles*; *Valvular heart disease*; *Chronic contributory* (secondary not be stated unless immediate conditions, such as (merely symptomatic), "Convulsions," "Debility," "Dropsy," "Exhaustion," "Rhage," "Inanition," "M" "Uraemia," "Weakness," can be ascertained as diseases resulting from "PUERPERAL septicaemia," State cause for which surgical operation was undertaken. For VIOLENT DEATHS qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or AS probably such, if impossible to determine definitely. Examples: *Accidental* *Revolver* *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.)

name origin; "Cancer" is "Tumor" for malignant *lung cough*; *Chronic valvular interstitial nephritis*, etc. The (intercurrent) affection need not. Example: *Measles* (disease causing death), *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or "Asthenia," "Anaemia," "phy," "Collapse," "Coma," "Congenital," "Senile," etc.), "Heart failure," "Haemorrhage," "Old age," "Shock," when a definite disease cause. Always, qualify all birth or miscarriage, as "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and QUALITY OF INJURY, as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or AS probably such, if impossible to determine definitely. Examples: *Accidental* *Revolver* *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.)

