

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Cause of death should be stated EXACTLY. PHYSICIANS should state EXACTLY. Cause of death should be stated EXACTLY. PHYSICIANS should state EXACTLY.

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

PLACE OF DEATH

County _____

Township _____

or Village _____

or City St. Louis, Mo. (NO. _____)

Registration District No. 79

Primary Registration District No. 1003

Female Hospital

File No. 36001

Registered No. 8994

St. 24 Ward)

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

FULL NAME Charles Roedel

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH May 30, 1904
(Month) (Day) (Year)

AGE 7 yrs. 4 mos. 6 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) St. Louis

PARENTS NAME OF FATHER Wm. Roedel BIRTHPLACE OF FATHER Mo.
MAIDEN NAME OF MOTHER Louisa Priser BIRTHPLACE OF MOTHER St. Louis

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) D. M. Underman
(ADDRESS) 1211

Filed OCT -7 1911 May 6 Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 5, 1911, to Oct 6, 1911, that I last saw him alive on Oct 6, 1911, and that death occurred, on the date stated above, at 9:35 a.m.
The CAUSE OF DEATH* was as follows:

Diphtheria of Larynx and Pharynx
(Duration) = ___ yrs. = ___ mos. 8 ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) Theodore P. Brown, M. D. Oct. 7, 1911. (Address) _____

*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 Life yrs. 0 mos. 0 ds.
Where was disease contracted if not at place of death? Unknown
Former or usual residence. 3252 Regal Pl.

PLACE OF BURIAL OR REMOVAL Dev M. Maus DATE OF BURIAL Oct 7, 1911

UNDERTAKER Joseph Meyer ADDRESS 603 Park

Revised United States Standard Certificate of Death

Prepared by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative health-conditions of various pursuits can be known. The question is to each and every person, irrespective of sex, many occupations a single word or term on which the name will be sufficient, e. g., *Farmer* or *Planter*, *Composer*, *Architect*, *Locomotive engineer*, *Blacksmith*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to show (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 is to be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Man*, (b) *Automobile factory*. The material on this line may form part of the second statement. For persons who return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farmer*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *Child—At home* or *At home*. Care should be taken to specify the occupations of persons engaged in 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.)

