

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City St. LouisRegistration District No. 791File No. 36500Primary Registration District No. 003Registered No. 9528(NO. St. Marys InfirmarySt. 1317 Pacific St.Ward 21

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

FULL NAME Ernstine Werner

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OF RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)DATE OF BIRTH Oct 11, 1887

(Month)

(Day)

(Year)

AGE 24 yrs. 16 mos. 16 ds.

If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work House Girl(b) General nature of industry, business, or establishment in which employed (or employer) at Home

BIRTHPLACE

(City or town, State or foreign country) St. Louis

PARENTS

NAME OF FATHER Ernst E. Werner

BIRTHPLACE OF FATHER

(City or town, State or foreign country) GermanyMAIDEN NAME OF MOTHER Katharina Fabner

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernst Werner(ADDRESS) 4250 College AveFiled OCT 23 1911

1911

May E. Markloff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27, 1911

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from Oct 19, 1911, to Oct 28, 1911, that I last saw her alive on Oct 27, 1911, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Bleed of Roudement
105(Duration) 1 yrs. 0 mos. 0 ds.

Contributory

(SECONDARY)

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

(Signed) W. L. [Signature]

M. D.

(Address) 315 Century Bldg

*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) St. Mary Infirmary

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted? 4250^a College Aveif not at place of death? 4250^a College AveFormer or usual residence 4250^a College Ave

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. John Cemetery Oct 30th 1911

UNDERTAKER

ADDRESS

Henry Leidner 4417 N. Market

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.

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 health-

various pursuits can be known. The ques-
s to each and every person, irrespective of
many occupations a single word or term on
ne will be sufficient, e. g., *Farmer* or *Planter*,
Compositor, *Architect*, *Locomotive engineer*,
miner, *Stationary fireman*, etc. But in many
specially in industrial employments, it is neces-
sary to state (a) the kind of work and also (b) the
the business or industry, and therefore an
line is provided for the latter statement; it
is used only when needed. As examples: (a)
(b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*;
man, (b) *Automobile factory*. The material
in may form part of the second statement.
return "Laborer," "Foreman," "Manager,"
etc., without more precise specification, as
Farmer, *Farm laborer*, *Laborer—Coal mine*, etc.
at home, who are engaged in the duties of the
only (not paid *Housekeepers* who receive a
salary), may be entered as *Housewife*, *House-*
At home, and children, not gainfully employed,
Pool or *At home*. Care should be taken to re-
flect the occupations of persons engaged in
service for wages, as *Servant*, *Cook*, *House-*

If the occupation has been changed or given
account of the DISEASE CAUSING DEATH, state oc-
cupation at beginning of illness. If retired from busi-
ness, the fact may be indicated thus: *Farmer* (re-
tired, 10 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 re-
spect to time and causation), using always the same
accepted term for the same disease. Examples: *Cere-*
brospinal 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* (dis-
ease causing death), 29 ds.; *Bronchopneumonia* (sec-
ondary), 10 ds. Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage,"
"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 under-
taken. 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 na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

SEX
DATE OF BIRTH
COLOR OR RACE
SINGLE
MARRIED
WIDOWED
OR DIVORCED
(If file the word)

Exact statement of

