

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

PLACE OF DEATH  
County St. Charles  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. 2nd + Monroe St. 3d Ward)

Registration District No. 757 File No. 38997

Primary Registration District No. 3030 Registered No. 161

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

FULL NAME Emelia Blankenship

PERSONAL AND STATISTICAL PARTICULARS

SEX girl COLOR OR RACE white SINGLE MARRIED single WIDOWED OR DIVORCED. (Write the word)

DATE OF BIRTH June 9, 1911  
(Month) (Day) (Year)

AGE 5m If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?  
111 yrs. 24 mos. \_\_\_\_ ds.

OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE Prima Mo. St Charles Co.  
(City or town, State or foreign country)

PARENTS NAME OF FATHER John Blankenship BIRTHPLACE OF FATHER St Charles Co. Mo. MAIDEN NAME OF MOTHER Helen Myrick BIRTHPLACE OF MOTHER Lincoln Co. Mo.  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lula Blankenship (ADDRESS) St. Charles, Mo.

Filed Nov. 9th 1911, Louis N. Hanstine REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8th 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 21st, 1911, to Nov. 8th, 1911, that I last saw her alive on Oct 24th, 1911, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH\* was as follows:  
Manusmus  
11 2 1/2  
158 (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. (Signed) J. J. Jackson M.D. 11/8/11 1911 (Address) St Charles 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 Charles Burwood Cemetery DATE OF BURIAL Nov. 9th 1911  
UNDERTAKER Meinhardt Furn. Co ADDRESS St. Charles Mo.

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 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 \_\_\_\_\_ (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 septichaemia," "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.)



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

**PLACE OF DEATH**

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

County Sol Charles Registration District No. 757 File No. 38997  
 Township " " or " " Primary Registration District No. 3036 Registered No. 161  
 Village \_\_\_\_\_ or \_\_\_\_\_ City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

**FULL NAME** Emelia Blausensky

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** F **COLOR OR RACE** W **SINGLE MARRIED WIDOWED OR DIVORCED** S  
**DATE OF BIRTH** 6-9-911  
 (Month) (Day) (Year)  
**AGE** 5 yrs. 5 mos. 5 ds. **IF LESS than 1 day, hrs. or min.?**  
**OCCUPATION**  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) " "

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** 11/8, 1911  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1911, to \_\_\_\_\_, 1911,  
 that I last saw her alive on 10/24, 1911,  
 and that death occurred, on the date stated above, at 3:00 m.  
 The **CAUSE OF DEATH\*** was as follows:  
Cholera Infantum

**BIRTHPLACE** (City or town, State or foreign country) Mo. Memphis  
**PARENTS**  
**NAME OF FATHER** Julius Blausensky  
**BIRTHPLACE OF FATHER** (City or town, State or foreign country) Mo. Mo.  
**MAIDEN NAME OF MOTHER** Lula Myrick  
**BIRTHPLACE OF MOTHER** (City or town, State or foreign country) Mo. New

(Duration) \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds.  
**Contributory** Marasmus  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. J. Jackson M.D.  
 Jan 3<sup>rd</sup> 1912 (Address) Sol Charles

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) Lula Blausensky  
 (ADDRESS) Sol Charles

\*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 \_\_\_\_\_

Filed Jan 3 1912 Thomas H. Banstine REGISTRAR

**PLACE OF BURIAL OR REMOVAL** Sol Charles **DATE OF BURIAL** 11-9, 1911  
**UNDERTAKER** Steinbuser **ADDRESS** Sol Charles

Original file, date NOV 1911

All information called for must be written on this Supplementary Certificate

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[Approved by U. S. Census and American Public Health  
Association]

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