

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.

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

PLACE OF DEATH
County St Charles
Township _____
or
Village _____
or
City St Charles (NO. 1027 North 3rd St.: _____ Ward)

Registration District No. 757 File No. 39007
Primary Registration District No. 3036 Registered No. 172
[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Alex Toth

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> <small>(Write the word)</small>
DATE OF BIRTH <u>May 26</u> , 1911 <small>(Month) (Day) (Year)</small>		
AGE <u>6</u> yrs. <u>0</u> mos. <u>0</u> ds. <small>IF LESS than 1 day, hrs. or min.?</small>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed. (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>St Charles Mo</u>		
PARENTS	NAME OF FATHER <u>Alex Toth</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Hungary</u>	
	MAIDEN NAME OF MOTHER <u>Wilma Huber</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Hungary</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26th, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June, 1911, to Nov. 26th, 1911, that I last saw him alive on Nov. 25th, 1911, and that death occurred, on the date stated above, at 6:30 m. The CAUSE OF DEATH* was as follows: 117A 158
Marasmus
1 since 1 month after birth
(Duration) yrs. mos. ds.

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

(Signed) B. C. W. ... M. D.
Nov 27th, 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alex Toth
(ADDRESS) St Charles Mo
Filed Nov 27, 1911, Chas H. Roanstein
REGISTRAR

PLACE OF BURIAL OR REMOVAL St Charles Burial DATE OF BURIAL Nov 27, 1911
UNDERTAKER H. Dallmeyer ADDRESS St Charles

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.)



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

PLACE OF DEATH
County Sol Charles
Township _____
or
Village _____
or
City Sol Charles (NO. _____ St. _____ Ward _____)

Registration District No. 757 File No. _____
Primary Registration District No. 3036 Registered No. 177

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

FULL NAME Alex Tath

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE 8
MARRIED
WIDOWED
OR DIVORCED
(Write the word)
DATE OF BIRTH 5/26, 1911
(Month) (Day) (Year)
AGE 6 yrs. 6 mos. ds.
If LESS than
1 day, ___ hrs.
or ___ min.?

DATE OF DEATH 11/26, 1911
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from
Jan 3, 1911, to 11-26, 1911,
that I last saw him live on 11/25, 1911
and that death occurred, on the date stated above, at 6 a.m.

OCCUPATION
(a) Trade, profession, or
particular kind of work None
(b) General nature of industry,
business, or establishment in
which employed (or employer) _____

The CAUSE OF DEATH* was as follows:
Marasmus
Secondary to Cholera
Infantis
(Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE
(City or town, State or foreign country) Hungary

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

PARENTS
NAME OF FATHER Alex Tath
BIRTHPLACE OF FATHER Hungary
MAIDEN NAME OF MOTHER Walter Huber
BIRTHPLACE OF MOTHER Hungary

(Signed) B. P. Hoanstrimer M. D.
Jan 3, 1912 (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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alex Tath
(ADDRESS) Sol Charles

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 at Sol Charles
REGISTRAR H. Hoanstrimer

PLACE OF BURIAL OR REMOVAL Sol Charles DATE OF BURIAL 11/27, 1911
UNDERTAKER H. Bellmeyer ADDRESS Sol Charles

Original file, date NOV 23, 1911

All information called for must be written on this Supplementary Certificate.

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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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