

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

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or Village \_\_\_\_\_

or City St. Louis Mo.

Registration District No. 791

Primary Registration District No. 1003

File No. 39500

Registered No. 9936

(No. 2610 Gambler St. 90 Ward)

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

FULL NAME Prentey J. Paul

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR OR RACE W. SINGLE  MARRIED  WIDOWED  OR DIVORCED  M.  
(If not the word)

DATE OF BIRTH March 24, 1843  
(Month) (Day) (Year)

AGE 68 yrs. 0 mos. 0 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Patrolman.  
(b) General nature of industry, business, or establishment in which employed (or employer) and Detective.

BIRTHPLACE (City or town, State or foreign country) Mo. 3-16

PARENTS  
NAME OF FATHER P. J. Paul  
BIRTHPLACE OF FATHER (City or town, State or foreign country) U. S.  
MAIDEN NAME OF MOTHER Eliza Brock  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Washington Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ed. P. Oyler Jr.  
(ADDRESS) 1822 LaSalle

Filed NOV 1 1911 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec., 1909, to Nov. 10, 1911, that I last saw him alive on Nov. 10, 1911, and that death occurred, on the date stated above, at 9:38 a.m. The CAUSE OF DEATH\* was as follows:

Chronic Interstitial Nephritis  
131 (Duration) 3 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. C. Falk M. D.  
Nov. 11, 1911 (Address) 4568 Page St.

\*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 Potosi Mo. DATE OF BURIAL Nov 12, 1911

UNDERTAKER M. H. Alexander ADDRESS 2835 Olive

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.

WHITE PAPER, WITH UNFADING INK

# 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

will be sufficient. e. g., *Farmer* or *Planter*,

*Locomotive engineer*,

, etc. But in many

occupations, it is neces-

sary and also (b) the

reason, and therefore an

additional statement; it

should be given. 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*, *House-*

*work*, or *At home*, and children, not gainfully employed,

as *At school* or *At home*. Care should be taken to re-

port specifically the occupations of persons engaged in

service for wages, as *Servant*, *Cook*, *House-*

work, etc. If occupation has been changed or given

up, the DISEASE CAUSING DEATH, state occu-

pation at the beginning of illness. If retired from busi-

ness, that fact may be indicated thus: *Farmer (re-*

*tired, 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, peritonaeum*, 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.)

