

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. 7911File No. 42781Primary Registration District No. 1003Registered No. 10666(NO. 5230 Paulian Pl)St. 76

Ward) _____

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

FULL NAME Margaret O Toole

PERSONAL AND STATISTICAL PARTICULARS

21 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

DATE OF DEATH

December 2, 1911
(Month) (Day) (Year)

DATE OF BIRTH

March 25, 1851
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Nov 13, 1911, to Dec 2, 1911, that I last saw her alive on Dec 2, 1911, and that death occurred, on the date stated above, at 11 a. m.

AGE

60 yrs. 0 mos. 0 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
131
106D

OCCUPATION

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

BIRTHPLACE

(City or town, State or foreign country) IrelandNAME OF FATHER James O TooleBIRTHPLACE OF FATHER (City or town, State or foreign country) IrelandMAIDEN NAME OF MOTHER Margaret LoganBIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James O Toole(ADDRESS) 5230 Paulian Pl

Filed

DEC -3 1911 Max C Starkloff
REGISTRAR(Duration) 2 yrs. 0 mos. 0 ds.Contributory Bronchitis(SECONDARY) (Duration) 8 yrs. 19 mos. 0 ds.(Signed) John J. Kehoe M. D.Dec 2, 1911 (Address) 4061 St. Louis Ave

*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 2 yrs. 0 mos. 0 ds. In the State 30 yrs. 0 mos. 0 ds.Where was disease contracted if not at place of death? 5230 Paulian PlFormer or usual residence 5230 Paulian Pl

PLACE OF BURIAL OR REMOVAL

Calvary Church DATE OF BURIAL 12/4, 1911

UNDERTAKER

Cullen Kelly ADDRESS 2735 Cass

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) *Automobile factory*. The material may form part of the second statement. In "Laborer," "Foreman," "Manager," without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. One who is engaged in the duties of a *Housekeeper* (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife*, and children, not gainfully employed, as *At home*. Care should be taken to report the occupations of persons engaged in the occupation for wages, as *Servant*, *Cook*, *Housewife*. If the occupation has been changed or given up, the date of the DISEASE CAUSING DEATH, state the date of beginning of illness. If retired from business, the date may be indicated thus: *Farmer (retired)*. For persons who have no occupation enter *None*.

Cause of death.—Name, first, the name of the DISEASE (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.)

