

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 Jackson  
Township \_\_\_\_\_ or Village \_\_\_\_\_ or City St. Louis  
Registration District No. 899 File No. 1119  
Primary Registration District No. 1002 Registered No. 2449  
City St. Louis (NO. German Hospital St.; \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)  
FULL NAME Kate Jesselyn Libstatter

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (If write the word)
DATE OF BIRTH <u>March 10, 1879</u> (Month) (Day) (Year)		
AGE <u>32</u> yrs. <u>9</u> mos. <u>20</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Albia Iowa</u>		
PARENTS	NAME OF FATHER <u>J. A. Jesselyn</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Janesville Ohio</u>	
	MAIDEN NAME OF MOTHER <u>Elizabeth Messelrode</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Luxington Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 30, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 26, 1911, to Dec 30, 1911, that I last saw her alive on Dec 30, 1911, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH\* was as follows:  
Gen. of Eosemia  
1390 Streptococcus Infecting  
36  
69 B (Duration) 13 yrs. 4 mos. 4 ds.

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

(Signed) H. O. Leonard M. D.  
Dec 30, 1912 (Address) R. City 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 Westl. apartments

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mary Libstatter  
(ADDRESS) 3940 Walnut  
JAN 1 1912  
Filed \_\_\_\_\_ 1912  
W. S. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL  
Forest Hill

DATE OF BURIAL  
1-2, 1912

UNDERTAKER  
J. J. Dornell

ADDRESS  
1109 Bay

St. Louis, Mo. - 1912

# 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.)



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

PLACE OF DEATH

County Jackson

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

Township \_\_\_\_\_ or \_\_\_\_\_ Village \_\_\_\_\_ or \_\_\_\_\_ City Kansas City (NO. German Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 399

File No. 1119

Primary Registration District No. 1002

Registered No. 06

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

FULL NAME Kate Josselyn Liebstadter

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married (If write the word)

DATE OF BIRTH March 10, 1874  
(Month) (Day) (Year)

AGE 32 yrs. 9 mos. 20 ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

BIRTHPLACE (City or town, State or foreign country) Albia Iowa

PARENTS  
NAME OF FATHER J. A. Josselyn  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Summersville Ohio  
MAIDEN NAME OF MOTHER Elizabeth Nesselrode  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lexington Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Liebstadter  
(ADDRESS) 3940 Walnut

Filed MAR 8 1912 W. S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 30, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 26, 1911, to Dec. 30, 1911, that I last saw her alive on Dec. 26, 1911, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH\* was as follows:  
General Toxemia  
Streptococcus Infection  
Cause undetermined - probably  
course in the uterine  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) H. O. Leonard M. D.  
Dec. 30, 1911 (Address) K. City 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 Estell Apartments

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL 1-2, 1912

UNDERTAKER J. F. O'Donnell & Co. ADDRESS 1109 Bdg.

Original file, date Jan 1, 1912 All information called for must be written on this Supplementary Certificate.

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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.)