

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.

PLACE OF DEATH

MISSOURI STATE HEALTH BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____

Township _____

Village _____

City St. Louis (No. 1445-N. 9th)

Registration District No. 791

File No. 2933

Primary Registration District No. 003

Registered No. 249

St. 4 Ward

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

FULL NAME Mary Kohring

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH January 6th, 1912
(Month) (Day) (Year)

DATE OF BIRTH May 4, 1859
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 6th, 1911, to Jan 6th, 1912, that I last saw her alive on Jan 5th, 1912, and that death occurred, on the date stated above, at 2³⁰ P.M.

AGE 52 yrs. 8 mos. 2 ds. If LESS than 1 day, ____ hrs. or ____ min.?

The CAUSE OF DEATH* was as follows:

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

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Nephritis
170 (Duration) ____ yrs. ____ mos. ____ ds.

BIRTHPLACE (City or town, State or foreign country) St. Louis

NAME OF FATHER Fred Wm Over

Contributory (SECONDARY) 8 yrs. ____ mos. ____ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

(Signed) A W Vordack M. D.
1/8/12, 1912 (Address) 3611 Palisade

MAIDEN NAME OF MOTHER Augusta Dörner

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

(Informant) Sohn Kohring

Where was disease contracted If not at place of death? _____

(ADDRESS) 1445-N. 9th St.

Former or usual residence. _____

Filed JAN -3 1912 Max C. Starkloff REGISTRAR

PLACE OF BURIAL OR REMOVAL New Packer DATE OF BURIAL Jan 9, 1912

UNDERTAKER John C. Bensink ADDRESS 1138 N. 6th St.

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, peritonacum*, 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.)



County _____

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

File No. _____

Township _____

or _____

Village _____

or _____

City _____

Primary Registration District No. 1003Registered No. 249(No. 1445794)St. 4 Ward)(If death occurred in a
hospital or institution,
give its NAME instead
of street and number)FULL NAME Mary Kohring

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)DATE OF BIRTH May 4 1859
(Month) (Day) (Year)AGE 52 yrs. 8 mos. 2 ds. IF LESS than
1 day, _____ hrs. or _____ min.?OCCUPATION Housewife at home

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employed)

BIRTHPLACE St Louis, Mo
(City or town, State or foreign country)NAME OF FATHER Fred M. EversBIRTHPLACE OF FATHER Germany
(City or town, State or foreign country)MAIDEN NAME OF MOTHER Augusta D. OrnerBIRTHPLACE OF MOTHER Germany
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Kohring(ADDRESS) 1445-794 StFILED May 6 1912A. G. Snodgrass
Dep. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Dec 6 1911 to June 6 1912that I last saw him alive on June 5 1912and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

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

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

(Signed) A. H. Vordick M. D.
5-4 1912 (Address) 3611 Palmyra 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 New PickersDATE OF BURIAL June 9 1912UNDERTAKER John C. BennettADDRESS 1138 76th StSons

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

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

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JAN 1912

Revised United States Standard Certificate of Death

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2933
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