

MARGIN RESERVED FOR BINDING

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
TOWNSHIP or VILLAGE or CITY <u>St. Louis No. 6</u> (NO. <u>Episcopal House #220 S. 4th St.</u> )			REGISTRATION DISTRICT NO. <u>791</u> FILE NO. <u>3000</u>		
FULL NAME <u>Thomas Hatzel</u>			PRIMARY REGISTRATION DISTRICT NO. <u>1008</u> REGISTERED NO. <u>319</u>		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)	DATE OF DEATH <u>Jan. 1, 1912</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Don't know</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,		
AGE <u>about 45</u> yrs. ____ mos. ____ ds. If LESS than 1 day, ____ hrs. or ____ min.?			that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ a. m.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Unknown</u>			The CAUSE OF DEATH* was as follows: <u>Rupture of aortic Aneurysm.</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>O—O</u>			<u>St. M. Pt.</u> <u>916</u> (Duration) ____ yrs. ____ mos. ____ ds.		
BIRTHPLACE (City or town, State or foreign country) <u>Unknown</u>			Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.		
PARENTS	NAME OF FATHER _____		(Signed) <u>H. L. Carriere</u> M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) _____		" _____ 191____ (Address) <u>Deputy Coroner</u>		
	MAIDEN NAME OF MOTHER _____		*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) _____		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) <u>H. W. Path</u>			Where was disease contracted if not at place of death? _____		
(ADDRESS) <u>Coroners Office</u>			Former or usual residence <u>Episcopal House #220 S. 4th St.</u>		
JAN 11 1912 <u>Max Starkloff</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Potters Field</u>		DATE OF BURIAL <u>1-12-1912</u>
			UNDERTAKER <u>Frank Heltage</u>		ADDRESS <u>907 Lehouveau</u>

# 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 health 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) *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 *Stationary fireman*, *laborer*, *Laborer—Coal mine*, etc. **Industrial employment.** Those who are engaged in the duties of a kind of work a day may be entered as *Housekeeper* who receive a salary, and *Housewife*, *Housewife*, and *children*, not gainfully employed, and the latter statement may be entered as *Home*. Care should be taken to re-  
 As examples: (a) occupations of persons engaged in material work for wages, as *Servant*, *Cook*, *House-keeper*. Never occupation has been changed or given "Dealer," etc., the DISEASE CAUSING DEATH, state occupation of illness. If retired from business at home, who may be indicated thus: *Farmer* (retired only (not paid) or persons who have no occupation may be entered *one*.  
 children, not cause of death.—Name, first, the Care should be taken to state the primary affection with reference to persons 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 "PUERPÉRAL septicaemia," "PUERPÉRAL 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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