

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 BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<u>Lawrence</u>	Registration District No.	<u>473</u>	File No.	<u>2 5792</u>
Township	<u>Freistatt</u>	Primary Registration District No.	<u>4631</u>	Registered No.	<u>2</u>
or					
Village					
or					
City		(NO. _____)	St. _____	Ward _____	(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME <u>Gertrud Frieda Lamberlich</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>Feb 15</u> , 191 <u>2</u>		
DATE OF BIRTH			(Month) (Day) (Year)		
<u>Feb. 21 1878</u>					
AGE		IF LESS than			
<u>33</u> yrs. <u>1</u> mos. <u>25</u> ds.		1 day, _____ hr. or _____ min.?			
OCCUPATION			I HEREBY CERTIFY, that I attended deceased from		
(a) Trade, profession, or particular kind of work <u>Wks of minister</u>			<u>Feb 7</u> , 191 <u>2</u> , to <u>Feb 15</u> , 191 <u>2</u> ,		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>as Lamberlich</u>			that I last saw her alive on <u>Feb 15</u> , 191 <u>2</u> ,		
BIRTHPLACE			and that death occurred, on the date stated above, at <u>6 p. m.</u>		
(City or town, State or foreign country) <u>Chemnitz, Ga.</u>			The CAUSE OF DEATH* was as follows:		
NAME OF FATHER <u>Max Hertel</u>			<u>Nephritis</u>		
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Haverstein, Sa.</u>			<u>131</u>		
MAIDEN NAME OF MOTHER <u>Gertrud Planitz, Sa.</u>			(Duration) _____ yrs. _____ mos. _____ ds.		
BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____			Contributory _____		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			(SECONDARY) _____		
(Informant) <u>Adalbert Lamberlich</u>			(Duration) _____ yrs. _____ mos. _____ ds.		
(ADDRESS) <u>Herg, Mo.</u>			(Signed) <u>Carlos Copeland</u> M. D.		
Filed <u>Feb. 17 1912</u> <u>H. P. Kaiser</u> REGISTRAR			<u>Feb 16</u> , 191 <u>2</u> (Address) <u>Freistatt, Mo.</u>		
			*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 dual residence _____		
			PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
			<u>Evangelical Cemetery</u>		<u>Feb 17</u> , 191 <u>2</u>
			UNDERTAKER		ADDRESS
			<u>H. J. Beck</u>		<u>St. Louis City</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 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) *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.)



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

PLACE OF DEATH
County Lawrence
Township Freistadt
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 473 File No. 5792
Primary Registration District No. 5637 Registered No. _____

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

FULL NAME Gertrude Frieda Sauberlich

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M

DATE OF BIRTH Feb 21, 1878 (Month) (Day) (Year)

AGE 33 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or mins.

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

BIRTHPLACE (City or town, State or foreign country) Chemung, Pa

PARENTS
NAME OF FATHER Mat Patel
BIRTHPLACE OF FATHER (City or town, State or foreign country) Helmstein, Pa
MAIDEN NAME OF MOTHER G. B. Fields
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Planty, La

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. G. Sauberlich
(ADDRESS) Hoberg Mo

Filed Feb 17, 1912, H. J. Beck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1912, to Feb 15, 1912, that I last saw her alive on Feb 15, 1912, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Nephritis, Chronic

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

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

(Signed) Carlos Copeland M. D.
Apr 17, 1912 (Address) Freistadt 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 _____

PLACE OF BURIAL OR REMOVAL Evangelical Cem DATE OF BURIAL Feb 17, 1912

UNDERTAKER H. J. Beck ADDRESS Stotts City

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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