

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 | |
|--|--|--|--------------------------------|
| PLACE OF DEATH 293. | MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH | County St. Louis | Registration District No. 1123 |
| Township CARONDELET | Primary Registration District No. 6248B | or Village | File No. 6629 |
| or City Robert Koch Hospital | (No. <i>(see)</i>) | or City Robert Koch Hospital | Registered No. 58 |
| FULL NAME Mamie Taylor (Ellen) | | St. 2 | Ward |
| SEX Female | | DATE OF DEATH February 6th, 1912 | |
| COLOR OR RACE White | | I HEREBY CERTIFY, that I attended deceased from Nov. 15th, 1911, to Feb. 6th, 1912, | |
| SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single | | that I last saw her alive on Feb. 6th, 1912, | |
| DATE OF BIRTH August 14th, 1885 | | and that death occurred, on the date stated above, at 4 A.m. | |
| AGE 26 yrs. 5 mos. 23 ds. | | The CAUSE OF DEATH* was as follows: Tuberculosis of Lungs. | |
| OCCUPATION (a) Trade, profession, or particular kind of work Tailor | | (Duration) 1 yrs. 3 mos. ds. | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | Contributory (Secondary) | |
| BIRTHPLACE (City or town, State or foreign country) St. Louis, Mo. | | (Duration) yrs. mos. ds. | |
| PARENTS | NAME OF FATHER John Taylor | (Signed) <i>M. J. Dwyer</i> M. D. | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) Va. | Feb. 6th 1912 (Address) Koch, Mo. | |
| | MAIDEN NAME OF MOTHER Laura Martin | *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) Va. ? | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. 2 mos 22 ds. In the State <input checked="" type="checkbox"/> yrs. mos. ds. | |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | Where was disease contracted If not at place of death? <input checked="" type="checkbox"/> | |
| (Informant) Hospital Record <i>A. G. Mair</i> | | Former or usual residence. 2941 Easton Ave. St. Louis | |
| (ADDRESS) Robert Koch Hospital. | | PLACE OF BURIAL OR REMOVAL Mt. Olive Cem. | DATE OF BURIAL 2-8 1912 |
| Filed FEB 7 - 1912 | <i>L. P. Obrock</i> M. D. REGISTRAR | UNDERTAKER <i>Southern</i> | ADDRESS 7315 Lo Selweg |

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, peritonaeum*, 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 yrs.; *Bronchopneumonia* (secondary), 10 yrs. 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.)

MAY 1912

RECEIVED AT THE OFFICE OF THE REGISTRAR

Duplicate Burial Certificate issued Feb. 9-12

