

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

County _____

Township _____

or

Village _____

or

City St. Louis (NO. 5011 Page 6a St. 16 Ward)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 7911File No. 7504Primary Registration District No. 1008Registered No. 1867FULL NAME Ellen J. Tool

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> <small>(Write the word)</small>
DATE OF BIRTH <u>July 30</u> , 18 <u>34</u> <small>(Month) (Day) (Year)</small>		
AGE <u>77</u> yrs. <u>6</u> mos. <u>23</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>at home</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Brimmingsville Pa.</u>		
PARENTS	NAME OF FATHER <u>Jonas Trexler</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Pa.</u>	
	MAIDEN NAME OF MOTHER <u>Mary Diependerfer</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Pa.</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gertrude Mortimer(ADDRESS) 5011 Page Ave.

Filed

FEB 24 1912Max C. Starkloff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Febr

(Month)

23, 1912
(Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Jan, 1910, to Febr 23, 1912,that I last saw her alive on Febr 22, 1912,and that death occurred, on the date stated above, at 2:45 Am.

The CAUSE OF DEATH* was as follows:

Softening of Brain920162(Duration) 2 yrs. ___ mos. ___ ds.Contributory old eye

(SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) W. W. Vaughan M. D.Febr 23, 1912 (Address) 1257 N. Winthrop

*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

St. Marcus (old)

DATE OF BURIAL

2-24, 1912

UNDERTAKER

Chas. F. Bergman

ADDRESS

6th St. Barr

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 of 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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PLACE OF DEATH

County _____
 Township _____
 or
 Village _____
 or
 City St Louis (NO. 5011 Page Ave)

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

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

Registration District No. 791 File No. 7504
 Primary Registration District No. 1003 Registered No. 1867

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

FULL NAME Ellen J Gool

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH July 30, 1834
(Month) (Day) (Year)

AGE 77 yrs. 6 mos. 23 ds.
If LESS than 1 day, hrs. or min.

OCCUPATION
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)

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

PARENTS
 NAME OF FATHER James Miller
 BIRTHPLACE OF FATHER Pa
 MAIDEN NAME OF MOTHER Mary Depindifer
 BIRTHPLACE OF MOTHER Pa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Gertrude Mortimer
 (ADDRESS) 5011 Page Ave

Filed 4-16 1922 A. G. Spang REGISTRAR
Dep.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23, 1922
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1920, to Feb 23, 1922,
 they last saw him alive on Feb 22, 1922,
 and that death occurred, on the date stated above, at 1245-a m.

The CAUSE OF DEATH* was as follows:
Softening of brain

Contributory old age unknown
(SECONDARY)
 (Duration) 2 yrs. _____ mos. _____ ds.
 (Signed) W W Vaughan M. D.
Feb 23, 1922 (Address) 125-9 N. Rushing 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 St Marcus (old) DATE OF BURIAL 3/24, 1922
 UNDERTAKER Chas F. Bugsek ADDRESS 67 + Carr

Revised United States Standard Certificate of Death

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

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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.)