

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 MO (NO. 2110 S 11 St.: 9 Ward)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 701File No. 7527Primary Registration District No. 008Registered No. 1890

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

FULL NAME John Maschek

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed
(If wife the word)DATE OF BIRTH November 28, 1830
(Month) (Day) (Year)AGE 81 yrs. 2 mos. 24 ds. IF LESS than
1 day, ____ hrs. or ____ min.?OCCUPATION
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 8 yearsBIRTHPLACE
(City or town, State or foreign country) BohemiaNAME OF FATHER Martin MaschekBIRTHPLACE OF FATHER
(City or town, State or foreign country) BohemiaMAIDEN NAME OF MOTHER Annie ZakBIRTHPLACE OF MOTHER
(City or town, State or foreign country) Bohemia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Maschek(ADDRESS) 2857 Mcnair avFiled FEB 25 1912Max Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 23, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Feb 22, 1912, to Feb 23, 1912, that I last saw him alive on Feb 22, 1912, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

A Paralysis from
D Cerebral Hemorrhage
2 Senility
(Duration) 5 yrs. ____ mos. ____ ds.
Contributory Senility
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) E. R. Waterhouse M. D.
Feb 25, 1912 (Address) 1011 Dillon 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 Peter & Paul DATE OF BURIAL 2/26, 1912UNDERTAKER G. J. Moydell ADDRESS 1923 S. 12th

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 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

PLACE OF DEATH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____
 Township _____ or Village _____ or City St Louis (No. 2110 D11)
 Registration District No. 791 File No. 7527
 Primary Registration District No. 1003 Registered No. 1830

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

FULL NAME

John Mascher

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Nov 28, 1830
(Month) (Day) (Year)

AGE 81 yrs. 2 mos. 24 ds.
If LESS than 1 day, hrs. or min.

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

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

PARENTS
 NAME OF FATHER Martin Mascher
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Bohemia
 MAIDEN NAME OF MOTHER Aggie Zak
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Bohemia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John Mascher
 (ADDRESS) 2837 McNair Ave

Filed 4-19 1929 E. J. Moyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Feb 22, 1922, to Feb 23, 1922, that I last saw h. in alive on Feb 22, 1922, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Paralysis cerebral hemiplegia
Hemiplegia X
 (Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) E. R. Waterhouse M. D.
Feb 22, 1922 (Address) 1011 Dillon 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. Peter & Paul DATE OF BURIAL 2/26, 1922

UNDERTAKER E. J. Moyer ADDRESS 1923 R 12 St

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.)