

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

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

Village \_\_\_\_\_

City St. Louis (NO. City Hospital)

Registration District No. 7911

Primary Registration District No. 1003

File No. 7682

Registered No. 2055

St. 3 Ward

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

FULL NAME Mary L. Meyer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED Divorced WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Don't Know 1850  
(Month) (Day) (Year)

AGE 61 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) 1867 9-36 1947

BIRTHPLACE (City or town, State or foreign country) Germany 93C

PARENTS NAME OF FATHER Not Ascertainable BIRTHPLACE OF FATHER (City or town, State or foreign country) " MAIDEN NAME OF MOTHER " BIRTHPLACE OF MOTHER (City or town, State or foreign country) "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) N. H. Fath

(ADDRESS) Coroner's Office

Filed FEB 29 1912 May L. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27<sup>th</sup> 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_,

and that death occurred, on the date stated above, at 2-250 m.

The CAUSE OF DEATH\* was as follows:  
Senile degeneration of Heart  
Fracture of femur  
Fracture of ribs

Contributory (SECONDARY) Accident  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) N. H. Fath M. D. 2/29 1912 (Address) Deputy Coroner

\*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 37 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death?  
Former or usual residence 2601 N. 10<sup>th</sup> St. Near

PLACE OF BURIAL OR REMOVAL St John DATE OF BURIAL March 1 1912

UNDERTAKER Henry Lidner ADDRESS 1417 N Market

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.

# 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 important, so that the relative healthfulness of various pursuits can be known. The question of each and every person, irrespective of occupation, should be sufficient, e. g., *Farmer or Planter, Proprietor, Architect, Locomotive engineer, Compositor, Stationary fireman*, etc. But in many industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an industry, and the latter statement is provided for the latter statement; as examples: (a) *Textile mill*; (a) *Salesman*, (b) *Grocery*; (b) *Grocery*; (b) *Automobile factory*. The material part of the statement. Never use "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Farmer, Farm laborer, Laborer—Coal mine*, etc. At home, where the person is engaged in the duties of the only (not paid) *Housekeepers* who receive a salary, may be entered as *Housewife, Housekeeper*, and children, not gainfully employed; Care should be taken to record the occupations of persons engaged in the household, as *Servant, Cook, Housewife*. If the occupation has been changed or given up, state the date of the DISEASE CAUSING DEATH, state the nature of the illness. If retired from business, it may be indicated thus: *Farmer (retired)*. For persons who have no occupation

**Statement of cause of death.**—Name, first, the accepted term for the primary affection with regard to causation, using always the same term for the same disease. Examples: *Cerebrospinal meningitis*; *Typhoid fever* (the only definite synonym is "Epidemic meningitis"); *Loquacious meningitis*; *Diphtheria* (avoid use of "Loquacious meningitis," unless unqualified, is indefinite); *Tuberculosis meningitis*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, 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.)

