

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

PLACE OF DEATH

County St. Louis

Township CARONDELET

or Carondelet

Village Jefferson

or Jefferson (NO. \_\_\_\_\_)

Registration District No. 1123

File No. 10867

Primary Registration District No. 6248 B

Registered No. 127

FULL NAME Jessie Studlerston

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Colored SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF BIRTH February 15, 1891  
(Month) (Day) (Year)

AGE 21 yrs. One mos. 12 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Soldier  
(b) General nature of industry, business, or establishment in which employed (or employer) 3-13

BIRTHPLACE (City or town, State or foreign country) Clarksville Tenn.

NAME OF FATHER Marcy Studlerston

BIRTHPLACE OF FATHER (City or town, State or foreign country) Wentworth

MAIDEN NAME OF MOTHER Wentworth

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Wentworth

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. H. Hayward

(ADDRESS) Jefferson

MAR 29 1912 L. Q. Brock M. L. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 26, 1912, to March 27, 1912, that I last saw him alive on March 27, 1912, and that death occurred, on the date stated above, at 2:15 p.m.

The CAUSE OF DEATH\* was as follows:  
18 Acute cerebro-spinal meningitis.  
(Duration) \_\_\_ yrs. \_\_\_ mos. 1 ds.

Contributory None  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Signed) J. H. Hayward M. D.  
March 29, 1912 (Address) Jefferson

\*State the disease causing death, (1) 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. 5 ds. In the State \_\_\_ yrs. \_\_\_ mos. 5 ds.  
Where was disease contracted Evansville Indiana  
if not at place of death?  
Former or usual residence Evansville Indiana

PLACE OF BURIAL OR REMOVAL National DATE OF BURIAL Mar 29, 1912

UNDERTAKER Southern ADDRESS 7318 S Bay

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 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.)



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

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County St Louis  
Township Carondelet  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 1123 File No. 10867  
Primary Registration District No. 6248B Registered No. 127

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

FULL NAME

Jessie Huddleston

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE B SINGLE MARRIED WIDOWED OR DIVORCED S  
(Write the word)

DATE OF BIRTH Feb 15 1891  
(Month) (Day) (Year)

AGE 21 yrs. 1 mos. 12 ds.  
If LESS than 1 day, \_\_\_ hrs. or \_\_\_ mins.

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

BIRTHPLACE  
(City or town, State or foreign country) Blacksburg Va

PARENTS  
NAME OF FATHER Maddy Huddleston  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Wm  
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) D. C. Howard

(ADDRESS) Jefferson Barracks  
FILED MAY 11 1912 191 L. C. Brock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 27 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 26 1912, to Mar 27 1912, that I last saw him alive on Mar 27 1912, and that death occurred, on the date stated above, at 215 P

The CAUSE OF DEATH\* was as follows:  
Acute cerebro-spinal meningitis Epidemic  
(Duration) \_\_\_ yrs. \_\_\_ mos. 1 ds.

Contributory \_\_\_\_\_  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) D. C. Howard M. D.  
Jefferson Barracks Mo (Address)

\* 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. State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Where was disease contracted If not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL National DATE OF BURIAL Mar 29 1912  
UNDERTAKER Southern ADDRESS 7315 P. Bidwell

SUPPLEMENTARY

MARGIN RESERVED FOR BINDING

V. S. No. 2.

Information should be carefully supplied. AGE should be stated EXACTLY. RECORDED should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important.

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Association]

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**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, 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.)