

...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.

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

PLACE OF DEATH _____
 County _____
 Township _____ or Village _____ or City St. Louis (NO. 832)
 Registration District No. 701 File No. 10939
 Primary Registration District No. 1003 Registered No. 2082
 City City Hospital St. 23 Ward
 FULL NAME Joseph Tru [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> (Write the word)
DATE OF BIRTH <u>Apr 13 1899</u> (Month) (Day) (Year)		
AGE <u>57 yrs. 5 mos. 5 ds.</u> IF LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Crossers Gmd.</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>6-26 1525 36</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Brazil</u>		
PARENTS	NAME OF FATHER <u>Joe Tru</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Brazil</u>	
	MAIDEN NAME OF MOTHER <u>Not Known</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Not Known</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) <u>Joseph Tru</u> (ADDRESS) <u>City Hospital</u>		
Filed <u>MAR -1 1912</u> <u>Max B. Markloff</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 8 1912, to Feb 18 1912, that I last saw him alive on Feb 8 1912, and that death occurred, on the date stated above, at 2:30 pm.

The CAUSE OF DEATH* was as follows:
Septicemia
Caused by abuse
of heart
 (Duration) 14 yrs. 11 mos. 14 ds.

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

(Signed) W. H. Alexander M. D.
Feb 19 1912 (Address) City Hospital

*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. 10 ds. In the 20 State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death?
 Former or usual residence 903 Barbey

PLACE OF BURIAL OR REMOVAL <u>Anatomical Board</u>	DATE OF BURIAL <u>Feb 29 1912</u>
UNDERTAKER <u>M. H. Alexander</u>	ADDRESS <u>2835 Olive</u>

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 or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "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 septichaemia," "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.)



PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City St Louis (NO. _____)

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 791

File No. _____

Primary Registration District No. 1003Registered No. 2082City St Louis (NO. _____) City St Louis (NO. _____) Ward _____

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

FULL NAME

Joseph Tree

PERSONAL AND STATISTICAL PARTICULARS

SEX

m

COLOR OR RACE

wSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)wd

DATE OF BIRTH

Sept 13, 1959
(Month) (Day) (Year)

AGE

52 yrs. 5 mos. 5 ds.If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

(a) Trade, profession, or particular kind of work

Scissors Grinder

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Brazil

NAME OF FATHER

Joe Tree

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

Brazil

MAIDEN NAME OF MOTHER

Ann

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

Ann

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Hospit Dr. E. Rowan

(ADDRESS)

City Hosp

Filed

5-10 192A. S. Susagrana
Dep. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb 18, 192
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Feb 18, 192, to Feb 18, 192,that I last saw him alive on Feb 18, 192.and that death occurred, on the date stated above, at 2²⁰ m.

The CAUSE OF DEATH* was as follows:

Septicemia
Stages Red Camp
not known
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. S. Susagrana M. D.5-9, 192 (Address) St Louis

*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. 10 ds. State 20 yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death?

Former or usual residence 903 Barte

PLACE OF BURIAL OR REMOVAL

Anatomical Board

DATE OF BURIAL

2/22, 192

UNDERTAKER

M. A. Alexander

ADDRESS

2835-41st

Original file, date

MAR

19

All information called for must be written on this Supplementary Certificate.

REC-1

WITH UNFADING INK—THIS IS A

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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 septichaemia," "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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