

PLACE OF DEATH

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

County _____

Township _____

or
Village _____or
City _____

Registration District No. _____

791

File No.

11001

Primary Registration District No. _____

1003

Registered No.

2150

City St Louis (NO. 23rd James av. St. 14 Ward)

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

FULL NAME

John A. Hagenstall

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH

March2

(Month)

(Day)

1912
(Year)

DATE OF BIRTH

Feb

(Month)

19

(Day)

18

(Year)

AGE

64

yrs.

mos. 12

ds.

if LESS than
1 day, ____ hrs.
or ____ min.?I HEREBY CERTIFY, that I attended deceased from
5 years, 1912, to March 2, 1912,
that I last saw him alive on March 2, 1912,
and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of urinary
bladder

OCCUPATION

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

Photographer

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

6-18

BIRTHPLACE

(City or town, State or foreign country)

St Louis

NAME OF FATHER

Sebastian Hagenstall

BIRTHPLACE OF FATHER

Germany

MAIDEN NAME OF MOTHER

Mary Witt

BIRTHPLACE OF MOTHER

Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mary Hagenstall

(ADDRESS)

236 James av.

Filed

MAR -1 1912

Max B. Starkoff

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

March2

(Month)

(Day)

1912
(Year)I HEREBY CERTIFY, that I attended deceased from
5 years, 1912, to March 2, 1912,
that I last saw him alive on March 2, 1912,
and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of urinary
bladder51 12 18
12 18 18
Contributory Varicocele and hemor-
ten
(Duration) one yrs. 5 mos. 15 ds.
(Duration) ____ yrs. ____ mos. ____ ds.(Signed) Wiley Broome M. D.
3-3, 1912 (Address) 5008 Delmar

*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 Old St. Marcus DATE OF BURIAL 3/5, 1912UNDERTAKER John Zahn ADDRESS 3572 Grand

United States Standard Certificate of Death

by U. S. Census and American Public Health
Association)

of occupation.—Precise statement of occupation is very important, so that the relative health-
ful pursuits can be known. The ques-
tion need not be so each and every person, irrespective of
any occupations a single word or term on
will be sufficient, e. g., *Farmer* or *Planter*,
Compositor, *Architect*, *Locomotive engineer*,
Stationary fireman, etc. But in many
cases, especially in industrial employments, it is neces-
sary to state (a) the kind of work and also (b) the
nature of the business or industry, and therefore an
example is provided for the latter statement; it
should only be stated when needed. As examples: (a)
Cotton mill; (a) *Salesman*, (b) *Grocery*;
(b) *Automobile factory*. The material
cause for which any form part of the second statement.
Examples: "Laborer," "Foreman," "Manager,"
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 conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

of the DISEASE CAUSING DEATH, state occu-
pation during illness. If retired from busi-
ness, it may be indicated thus: *Farmer* (re-
tired). For persons who have no occupation
state *None*.

of cause of death.—Name, first, the
cause of DEATH (the primary affection with re-
sulting causation), using always the same
word or the same disease. Examples: *Cere-
bral meningitis* (the only definite synonym is "Epidemic
meningitis"); *Diphtheria* (avoid use of
throat fever (never report "Typhoid
Lobar pneumonia"; *Bronchopneumonia*
unqualified, is indefinite); *Tuberculosis*
of lungs, 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* (dis-
ease causing death), 29 ds.; *Bronchopneumonia* (sec-
ondary), 10 ds. Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "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,
"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc.
State cause for which surgical operation was under-
taken. 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 conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
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