

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. St. Ann's Ave. 16<sup>th</sup> Ward)  
Registration District No. 791 File No. 11569  
Primary Registration District No. 1003 Registered No. 2749  
FULL NAME Eulalia Kessler [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)	DATE OF DEATH	<u>Feb 13, 1912</u>
DATE OF BIRTH	<u>Aug 17, 1911</u>		I HEREBY CERTIFY, that I attended deceased from <u>Feb 1, 1912</u> , to <u>Feb 13, 1912</u>	
AGE	<u>6 yrs. 6 mos. 24 ds.</u>		that I last saw her alive on <u>Feb 12, 1912</u> , and that death occurred, on the date stated above, at <u>9 A.M.</u>	
OCCUPATION			The CAUSE OF DEATH* was as follows: <u>Gastro Enteritis</u>	
(a) Trade, profession, or particular kind of work			<u>119 B 158</u> (Duration) <u>10 6</u> yrs. mos. ds.	
(b) General nature of industry, business, or establishment in which employed (or employer)	<u>D</u>		Contributory <u>Inanition</u> (SECONDARY) (Duration) <u>12</u> yrs. mos. ds.	
BIRTHPLACE (City or town, State or foreign country)	<u>5301 Page Ave</u>		(Signed) <u>E. Martin</u> M. D. <u>3/13, 1912</u> (Address) <u>4111 N Grand Ave</u>	
NAME OF FATHER	<u>Mr. Geo. Kessler</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>Germany</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
MAIDEN NAME OF MOTHER	<u>Alta Kessler</u>		At place of death <u>        </u> yrs. <u>        </u> mos. <u>        </u> ds. In the State <u>        </u> yrs. <u>        </u> mos. <u>        </u> ds.	
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>Mo.</u>		Where was disease contracted if not at place of death? <u>        </u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Former or usual residence <u>        </u>	
(Informant) <u>Sister DePaul</u>			PLACE OF BURIAL OR REMOVAL <u>Calvary Cemetery</u> DATE OF BURIAL <u>3-20-1912</u>	
(ADDRESS) <u>5301 Page &amp; Union</u>			UNDERTAKER <u>P. K. H. 5301 Page Ave.</u> ADDRESS <u>        </u>	
Filed <u>Mar 28 1912</u> <u>Max G. Clark</u> REGISTRAR				

# 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*, *Composer*, *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.)

FA G INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

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

County \_\_\_\_\_

Township \_\_\_\_\_

or Village \_\_\_\_\_

or City \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

(NO. St Ann's Asylum)

File No. 11569

Registered No. 2749

Ward \_\_\_\_\_

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

FULL NAME

Eulalie Kessler

PERSONAL AND STATISTICAL PARTICULARS

SEX

F

COLOR OR RACE

W

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

S

DATE OF BIRTH

Aug 17, 1911

(Month) (Day) (Year)

AGE

6 yrs. 24 mos. 24 ds.

If LESS than 1 day, hrs. or min.

OCCUPATION

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

none

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

BIRTHPLACE

(City or town, State or foreign country)

5301 Page Ave

NAME OF FATHER

Augustine

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Germany

MAIDEN NAME OF MOTHER

Olga Kessler

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

MO

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Vincent X

(ADDRESS) St. Ann's Asy. X

Filed

May 20, 1912 A. G. Smagala REGISTRAR

MAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

March 13, 1912

(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

March 1, 1912, to March 13, 1912,

that I last saw her alive on March 12, 1912,

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH\* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 6 ds.

Contributory

(SECONDARY)

Quarantine

(Duration) yrs. mos. 12 ds.

(Signed) C. P. Martin M. P.

(Address) 4111 N. Grand Ave

\*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. 6 mos. 24 ds. In the State yrs. 6 mos. 24 ds.

Where was disease contracted If not at place of death?

Former or usual residence St. Ann's Asylum

PLACE OF BURIAL OR REMOVAL

Cabany Ave

DATE OF BURIAL

3/20, 1912

UNDERTAKER

Rich 5301 Page Ave

ADDRESS

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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.)