

PLACE OF DEATH

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

County _____

Township _____

or _____

Village _____

or St. Louis

City _____

Registration District No. 791Primary Registration District No. 1003(NO. St. Lukes Hosp. St. 75 Ward)File No. 15457Registered No. 3710

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

FULL NAME Henry James Limmman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widower
(Write the word)DATE OF BIRTH September 16, 1843
(Month) (Day) (Year)AGE 68 yrs. 7 mos. 9 ds. If LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION (a) Trade, profession, or particular kind of work Wholesale Drug
(b) General nature of industry, business, or establishment in which employed (or employer) EmployerBIRTHPLACE (City or town, State or foreign country) St. Louis, MoNAME OF FATHER Xavier LimmmanBIRTHPLACE OF FATHER (City or town, State or foreign country) Baden, GermanyMAIDEN NAME OF MOTHER Anna KormelBIRTHPLACE OF MOTHER (City or town, State or foreign country) Baden, Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry E. Limmman(ADDRESS) 307 N. Taylor, St. LouisFiled APR 19 1912 Marb Starkloff REGISTRARDATE OF DEATH April 18, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from April 8, 1912, to April 18, 1912, that I last saw him alive on April 8, 1912, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Stroke
468

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory Operation for tumor
(SECONDARY) from tumor of stomach wall(Signed) A. J. Mudd M. D.
April 18, 1912 (Address) St. Louis, Mo

*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. 8 ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence 307 N. Newstead AvePLACE OF BURIAL OR REMOVAL Bellevue DATE OF BURIAL April 20, 1912UNDERTAKER Wagoner ADDRESS 3621 Olive

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*, *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," "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.

PLACE OF DEATH

County St Louis

Township _____ or _____

Registration District No. 791

File No. _____

Village _____ or _____

Primary Registration District No. 1003

Registered No. 3710

City St Louis

(No. St Lukes Hosp.)

St. 25 Ward

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

FULL NAME Henry James Linnemann

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED Widowed

DATE OF BIRTH Sept. 16, 1843
(Month) (Day) (Year)

AGE 68 yrs. 7 mos. 2 ds.
IF LESS than 1 day, _____ hrs. or _____ min.

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

BIRTHPLACE (City or town, State or foreign country) St Louis Mo.

NAME OF FATHER Harrier Linneman

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

MAIDEN NAME OF MOTHER Anna Kornerl

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry E. Linnemann

(ADDRESS) 307 N. Taylor

Filed 6-11 1912 A. L. Snodgrass REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 18, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 17, 1912, to Apr. 18, 1912, that I last saw him alive on _____, 1912, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Malignant Tumor of Stomach
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Operation for Tumor involving stomach wall
(Duration) _____ mos. _____ ds.

(Signed) _____ Y M. D. Apr. 18, 1912 (Address) Humboldt Bldg.

*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. 8 ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death?

Former or usual residence 307 N. Newstead Ave

PLACE OF BURIAL OR REMOVAL Bellefontaine

DATE OF BURIAL Apr. 20, 1912

UNDERTAKER Wagner

ADDRESS 3621 Olive

April

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

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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.)

5457