

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.

## PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis(NO. Bethesda Foundry Pl. St. 16 Ward)MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

24432

24522

File No.

Registration District No.

1003

Registered No.

6032

FULL NAME Levio Dimitro

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

## PERSONAL AND STATISTICAL PARTICULARS

|                    |                               |   |
|--------------------|-------------------------------|---|
| SEX<br><u>Male</u> | COLOR OR RACE<br><u>White</u> | SINGLE<br>MARRIED<br>WIDOWED<br>OR DIVORCED<br>(If write the word)<br><u>Single</u> |
|--------------------|-------------------------------|---|

DATE OF BIRTH Dec. 20, 1910  
(Month) (Day) (Year)

AGE 1 yrs. 6 mos. 19 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) 0

BIRTHPLACE (City or town, State or foreign country) Saint Louis

NAME OF FATHER Toza Dimitro

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

MAIDEN NAME OF MOTHER Minnie Arisamon

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Poga Dimitro(ADDRESS) 3525 N. BldgFiled July 10 1912 Max B. Starkloff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 11, 1911, to July 8, 1912, that I last saw him alive on July 8, 1912, and that death occurred, on the date stated above, at 1:10 p. m.

The CAUSE OF DEATH\* was as follows:

Acute Tuberculosis Septic meningitis  
2 1/2 (Duration) yrs. mos. ds.

Contributory Discretion  
(SECONDARY) (Duration) yrs. mos. ds. 4

(Signed) F. R. Kitchin M. D.  
July 9, 1912 (Address) Bethesda 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 1 yrs. 2 mos. 26 ds. In the State 1 yrs. 6 mos. 19 ds.

Where was disease contracted if not at place of death?

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL

Prudens

DATE OF BURIAL

July 10, 1912

UNDERTAKER

Math Hermann

ADDRESS

3525 N. Bldg

# 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 cerebrospinal meningitis"); primary affection with re-  
"Croup"); *Typhoid fever* (n<sup>h</sup>), using always the same  
monia"); *Lobar pneumonia*; disease. Examples: *Cere-*  
*meningitis*, unqualified, is indefinite synonym is "Epidemic  
*peritonaeum*, etc., *Diphtheria* (avoid use of  
..... (name origin); (never report "Typhoid  
use of "Tumor" for mal-  
..... is indefinite); *Tuberculosis*  
*zeum*, 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.)

