

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 Mo (NO. 4911 South Corruption St. 13 Ward)MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791

24500

File No.

Registration District No.

Primary Registration District No. 1003

Registered No.

6103

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

FULL NAME Christina C. Klugmann

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u>
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DATE OF BIRTH

June (Month) 25 (Day) 1897 (Year)

AGE

85 yrs. 17 mos. 17 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION

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

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

BIRTHPLACE

(City or town, State or foreign country) Germany

NAME OF FATHER

Friedrich Bole

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Germany

MAIDEN NAME OF MOTHER

Don't know

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed JUL 12 1912 191A. G. Onoegas

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July (Month) 13 (Day) 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from June, 1912, to July 13, 1912, that I last saw her alive on June 12, 1912, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH\* was as follows:

Arterial Sclerosis

Contributory

(SECONDARY)

Chronic Rheumatism (Duration) 15 yrs. 5 mos. 15 ds.  
(Signed) E. R. Waterhouse M. D.  
July 13, 1912 (Address) 1011 Dillon St

\*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

St. Mary's Cemetery July 13, 1912

UNDERTAKER

Hughes Smith 1817 Sidney

# 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,*

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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, House-*

*It home,* and children, not gainfully employed, *Wife* or *At home.* Care should be taken to re-  
fically the occupations of persons engaged in  
service for wages, as *Servant, Cook, House-*

If the occupation has been changed or given  
ount of the DISEASE CAUSING DEATH, state oc-  
it beginning of illness. If retired from busi-

ness, that fact may be indicated thus: *Farmer (re-  
tired, 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 re-  
spect to time and causation), using always the same  
accepted term for the same disease. Examples: *Cere-  
brospinal 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, meningis, peritonacum,* 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, as  
"*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 na-  
ture 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.)

