

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

24961 ~~25007~~ 6596

PLACE OF DEATH
County _____
Township _____
or
Village _____
or
City St. Louis

Registration District No. 791 File No. _____
Primary Registration District No. 1003 Registered No. _____
(NO. 2137 California St. 14 Ward)

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

FULL NAME Jermis C. Vieber

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married
WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH Oct 16, 1853
(Month) (Day) (Year)

AGE 56 yrs. 5 mos. 10 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Policeman
(b) General nature of industry, business, or establishment in which employed (or employer) St. L.

BIRTHPLACE
(City or town, State or foreign country) Auburn New York

PARENTS
NAME OF FATHER Stephen A. Vieber
BIRTHPLACE OF FATHER New York State
MAIDEN NAME OF MOTHER Isabel A. Waldron
BIRTHPLACE OF MOTHER New York State

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. J. Luytjens and
(ADDRESS) 2100 Lafayette Ave.

Filed 23 1912 Max B. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 1, 1912, to July 26, 1912, that I last saw him alive on July 26, 1912 and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:
Pneumonia
93
131

Contributory Bright's disease
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) C. J. Luytjens M. D.
July 27, 1912 (Address) 2100 Lafayette 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. ___ 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. Matthews DATE OF BURIAL July 29, 1912

UNDERTAKER Harrison S. Galt ADDRESS King's Highway

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*, *House-keeper*, *At home*, and children, not gainfully employed, as *At home*, *Cochool* or *At home*. Care should be taken to re-changed specifically the occupations of persons engaged in DEATH, & service for wages, as *Servant*, *Cook*, *House-tired* from. If the occupation has been changed or given *Farmer* (account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from busi-
ness, fact may be indicated thus: *Farmer* (re-
DISEASE yrs.). For persons who have no occupation
specify, write *None*.

acceptment of cause of death.—Name, first, the *principal CAUSING DEATH* (the primary affection with re-
cerebros, time and causation), using always the same
"Croup" term for the same disease. Examples: *Cere-
monia* (the only definite synonym is "Epidemic
monia," "spinal meningitis"); *Diphtheria* (avoid use of
meninges); *Typhoid fever* (never report "Typhoid
"nia"); *Lobar pneumonia*; *Bronchopneumonia*
use of "monia," unqualified, is indefinite); *Tuberculosis*
s, meningis, 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," "Hæmorrhage," "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.)

