

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

PLACE OF DEATH  
County St. Louis  
Township St. Ferdinand Registration District No. 784 File No. 27378  
Village Florissant Primary Registration District No. 6030 Registered No. 87  
City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Peter Busche

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED OR DIVORCED Married WIDOWED Widowed  
(If write the word)

DATE OF BIRTH Jan 10, 1856  
(Month) (Day) (Year)

AGE 56 yrs. 6 mos. 24 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Labors  
(b) General nature of industry, business, or establishment in which employed (or employer) 3-67

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

NAME OF FATHER Louis Busche

BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know

MAIDEN NAME OF MOTHER Louise Subacher

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Fort St. Louis

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jerome Busche  
(ADDRESS) Florissant Mo

Filed Aug 5, 1912 J. J. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 26, 1912, to Aug 4, 1912, that I last saw him alive on Aug 1, 1912, and that death occurred, on the date stated above, at 2:30 P.M.  
The CAUSE OF DEATH\* was as follows:

Hemorrhage resulting from Pharyngeal Abscess  
113A  
15 8 13 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.  
10 3 13 Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. J. Mellmann M. D.  
Aug 2, 1912 (Address) Florissant 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. \_\_\_\_\_ 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. Ferdinand Cemetery DATE OF BURIAL Aug 6, 1912

UNDERTAKER Henry Hermann ADDRESS Florissant Mo

# 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 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 septichaemia," "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.)



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MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH



PLACE OF DEATH  
County St. Louis  
Township St. Ferdinand  
or  
Village  
or  
City (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 784 File No. \_\_\_\_\_  
Primary Registration District No. 6030 Registered No. 87

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

FULL NAME Peter Burke

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> <small>(Write the word)</small>
DATE OF BIRTH <u>Jan. 10, 1856</u> <small>(Month) (Day) (Year)</small>		
AGE <u>56</u> yrs. <u>6</u> mos. <u>24</u> ds. If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Labor</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>St. Louis Co.</u>		
PARENTS	NAME OF FATHER <u>Louis Burke</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>	
	MAIDEN NAME OF MOTHER <u>Lucretia Ambuchon</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>St. Louis Co.</u>	

MEDICAL CERTIFICATE OF DEATH		
DATE OF DEATH <u>Aug. 4, 1912</u> <small>(Month) (Day) (Year)</small>		
I HEREBY CERTIFY, that I attended deceased from <u>July 26, 1912</u> , to <u>Aug. 4, 1912</u> , that I last saw him alive on <u>Aug. 4, 1912</u> , and that death occurred, on the date stated above, at <u>2:30 p.m.</u>		
The CAUSE OF DEATH* was as follows: <u>Haemorrhage resulting from Pharyngeal abscess</u>		
(Duration) _____ yrs. _____ mos. <u>10 minutes</u>		
Contributory <u>Ulceration of Carotid artery</u> (SECONDARY) (Duration) _____ yrs. _____ mos. <u>1 week</u>		
(Signed) <u>J. J. Willmann</u> M. D. <u>Aug. 5, 1912</u> (Address) <u>Florissant Mo.</u>		
*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 <u>St. Ferdinand Cem.</u>	DATE OF BURIAL <u>Aug. 6, 1912</u>	
UNDERTAKER <u>Henry Hovemann</u>	ADDRESS <u>Florissant Mo.</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Jerome Burke  
(ADDRESS) Florissant Mo.  
Filed Aug 5, 1912 J. Y. Douglas  
REGISTRAR

# Revised United States Standard Certificate of Death

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

61512  
27379

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