

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 \_\_\_\_\_

Township \_\_\_\_\_

Village \_\_\_\_\_

City St. Louis (NO. 1313 Holman St., 8 Ward)

Registration District No. 791

File No. 31035

Primary Registration District No. 1003

Registered No. 7879

FULL NAME Julia Lohr

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widow</u>	DATE OF DEATH <u>Sept. 10<sup>th</sup></u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May 23</u> , 18 <u>29</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Sept.</u> , 191 <u>0</u> , to <u>Sept 10</u> , 191 <u>2</u> , that I last saw her or alive on <u>Sept. 10<sup>th</sup></u> , 191 <u>2</u> and that death occurred, on the date stated above, at <u>7<sup>10</sup><sup>00</sup></u> m.	
AGE <u>83</u> yrs. <u>3</u> mos. <u>17</u> ds. if LESS than 1 day, ____ hrs. or ____ min.?			The CAUSE OF DEATH* was as follows: <u>Cerebro-Spinal</u> <u>77</u> (Duration) <u>2</u> yrs. <u>9</u> mos. ____ ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>g-o</u>			Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Pennsylvania</u>			(Signed) <u>M. E. Glasse</u> M. D. <u>Sept 10<sup>th</sup></u> , 191 <u>2</u> (Address) <u>4263 W. Pine Bl.</u>	
PARENTS	NAME OF FATHER <u>Jonas Pauley</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Pennsylvania</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.	
	MAIDEN NAME OF MOTHER <u>Houseman</u>		Where was disease contracted If not at place of death? Former or usual residence _____	
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Pennsylvania</u>			PLACE OF BURIAL OR REMOVAL <u>St. Matthews</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Aloups J. Lohr</u>			DATE OF BURIAL <u>Sept 12</u> , 191 <u>2</u>	
(ADDRESS) <u>1711 Lafayette Ave</u>			UNDERTAKER <u>Masterson Lull</u>	
Filed <u>SEP 11 1912</u> <u>Max C. Stackloff</u> REGISTRAR			ADDRESS <u>815 S 14<sup>th</sup> St</u>	

# 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, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, 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.)

ORIGINAL RECORDING INK—THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

PLACE OF DEATH

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

County.....  
Township..... Registration District No. 791 File No. 31035  
or.....  
Village..... Primary Registration District No. 1003 Registered No. 7879  
or.....  
City St. Louis (NO. 1313 Wolman St. St.:..... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Julia Lohr

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED widow  
(Write the word)

DATE OF DEATH Sept. 10, 1912  
(Month) (Day) (Year)

DATE OF BIRTH May 23, 1829  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 10, 1910, to Sept. 10, 1912, that I last saw her alive on Sept. 10, 1912, and that death occurred, on the date stated above, at 7:15 p.m.

AGE 83 yrs. 3 mos. 17 ds.  
IF LESS than 1 day, hrs. or min.

The CAUSE OF DEATH\* was as follows:

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

arterio sclerosis  
(Duration)..... yrs. .... mos. .... ds.

BIRTHPLACE (City or town, State or foreign country) Pennsylvania

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

PARENTS NAME OF FATHER Joseph Parley  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ta.

(Signed) M. C. Flaese M. D.  
Sept. 10, 1912 (Address) 426371. Pine Bl

MAIDEN NAME OF MOTHER Julia Houseman  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pa.

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Alonzo S. Lohr  
(ADDRESS) 1711 Lafayette Ave.

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

Filed 12-7-22 1912 9.4 Anders  
REGISTRAR

PLACE OF BURIAL OR REMOVAL St. Matthews DATE OF BURIAL Sept. 12 1912  
UNDERTAKER Masterson & U. Co. ADDRESS 815 S. 14th St.

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