

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 \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis

Registration District No. 791

File No. 34108

Primary Registration District No. 1003

Registered No. 8452

(NO. 3625 S. Bidway St. 10 Ward)

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

FULL NAME Chas. H. Schmiedern

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Sept. 9<sup>th</sup> 1868  
(Month) (Day) (Year)

AGE 44 yrs. 20 mos. 20 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

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

PARENTS NAME OF FATHER Chas. Schmiedern BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
MAIDEN NAME OF MOTHER May Schmoll BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. W. Fath (ADDRESS) Cornwall Office

Filed OCT -1 1912 1912 Max B Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29<sup>th</sup> 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH\* was as follows:

Rupture of Aortic Artery  
90 Y. M. A.  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

(Signed) H. W. Fath M. D. 9/30 1912 (Address) Deputy Coroner  
\*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 3625 S. Bidway

PLACE OF BURIAL OR REMOVAL Neo St. Paul DATE OF BURIAL Oct. 3<sup>rd</sup> 1912

UNDERTAKER Riegenheim Bros ADDRESS 2623 Cherokee St.

# United States Standard Certificate of Death

1 by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of is very important, so that the relative health-  
various pursuits can be known. The question  
each and every person, irrespective of age,  
occupations a single word or term on the first  
sufficient, e. g., *Farmer* or *Planter*, *Physician*,  
*Architect*, *Locomotive engineer*, *Civil engineer*,  
*Fireman*, etc. But in many cases especially in  
employments, it is necessary to know (a) the  
rank and also (b) the nature of the business or  
and therefore an additional line is provided for  
statement; it should be used only when needed.  
Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*,  
(b) *Foreman*, (c) *Automobile factory*. The  
ranked on may form part of the second state-  
ment return "Laborer," "Foreman," "Manager,"  
etc., without more precise specification, as *Day  
laborer*, *Laborer—Coal mine*, etc. Women  
who are engaged in the duties of the household  
and *Housekeepers* who receive a definite salary),  
classified as *Housewife*, *Housework*, or *At home*, and  
if gainfully employed, as *At school* or *At home*.  
It should be taken to report specifically the occupations  
engaged in domestic service for wages, as *Serv-  
ant*, *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 re-  
tired from business, that fact may be indicated thus:  
*Farmer (retired, 6 yrs.)*. For persons who have no occu-  
pation 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 pneu-  
monia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneu-  
monia," if unqualified, is indefinite); *Tuberculosis of lungs*,  
*meninges*, *Peritonæum*, 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 im-  
portant. 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" ("Con-  
genital," "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 mis-  
carriage, 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 HOMI-  
CIDAL, 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 "Con-  
tributory." (Recommendations on statement of cause of  
death approved by Committee on Nomenclature of the  
American Medical Association.)