

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 BIRTH

County St. Charles  
 Township Dardene  
 or ~~Cottleville~~  
 Village Cottleville  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Registration District No. 760 File No. 37044  
 Primary Registration District No. 6001 Registered No. 37

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

FULL NAME Conrad Stamm

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>	DATE OF DEATH <u>Nov 10, 1912</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Aug. 7, 1872</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>10-8</u> , 191 <u>2</u> , to <u>10-23</u> , 191 <u>2</u> , that I last saw him alive on <u>10-23</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at _____ m.		
AGE <u>40</u> yrs. <u>3</u> mos. <u>3</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH <sup>†</sup> was as follows: <u>anemia chlorosis</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Laborer</u>			Contributory <u>Malaria</u> (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>T. Blank</u> M. D. <u>11-12, 1912</u> (Address) <u>St. Louis Mo</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>3-104</u>					
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
PARENTS	NAME OF FATHER <u>John Stamm</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u>		Where was disease contracted if not at place of death? <u>St. Louis Mo</u>		
	MAIDEN NAME OF MOTHER <u>Do not know</u>		Former or usual residence _____		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri</u>		PLACE OF BURIAL OR REMOVAL <u>Cottleville Mo.</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Ed Keithly</u> (ADDRESS) <u>Ballou Mo.</u>			DATE OF BURIAL <u>11/13, 1912</u>		
Filed <u>11-13, 1912</u> <u>J. J. P. Rios</u> REGISTRAR			ADDRESS <u>Ballou Mo.</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*, *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.)



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

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PLACE OF DEATH

County St Charles  
Township Cardene  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS  
CEIVE A FEE FOR CERTIFICATES  
UNTIL THEY ARE COMPLETED AS  
PRESCRIBED BY LAW.

Registration District No. 760 File No. 37044  
Primary Registration District No. 6001 Registered No. 37

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

FULL NAME Courad Staum

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED m  
(Write the word)

DATE OF BIRTH Aug 7, 1872  
(Month) (Day) (Year)

AGE 40 yrs. 3 mos. 3 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

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

PARENTS  
NAME OF FATHER John Staum  
BIRTHPLACE OF FATHER (City or town, State or foreign country) mo  
MAIDEN NAME OF MOTHER Sunk  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) E. A. Keithly  
(ADDRESS) O'Fallon mo

Filed Nov 13, 1912 J. E. Keithly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 10/10, 1912, to 10/23, 1912, that I last saw him alive on 10/23, 1912, and that death occurred, on the date stated above, at 3:15 P.M.

The CAUSE OF DEATH\* was as follows:  
Anemia chloroica  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory malaria  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J. Blau M. D.  
Nov 12, 1912 (Address) St Louis 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 Cottleville mo DATE OF BURIAL 11/17, 1912  
UNDERTAKER E. A. Keithly ADDRESS O'Fallon mo

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