

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

PLACE OF DEATH  
County of St. Louis  
Township Central Registration District No. 789 File No. 37177  
or  
Village \_\_\_\_\_ Primary Registration District No. 6033B Registered No. 194  
or  
City \_\_\_\_\_ (NO. 8543 Emma or St.: \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Harvey J. Pettever

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)  
DATE OF BIRTH May 12, 1838  
(Month) (Day) (Year)  
AGE 74 yrs. 5 mos. 5 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work Shoe Manufacturing  
(b) General nature of Industry, business, or establishment in which employed (or employer) make shoes

BIRTHPLACE (City or town, State or foreign country) U. S.

PARENTS  
NAME OF FATHER Samuel Pettever  
BIRTHPLACE OF FATHER (City or town, State or foreign country) U. S.  
MAIDEN NAME OF MOTHER Harriet Weaver  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) U. S.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Harvora Pettever  
(ADDRESS) 8543 Emma or

Filed Nov. 18, 1912 Rolla C. C. C. C. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 22, 1912, to November 17, 1912, that I last saw him alive on November 17, 1912, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH\* was as follows:  
Injury  
Rupture of Neck of Femur

(Duration) yrs. 4 mos. 25 ds.

Contributory (Secondary) Hypostatic Pneumonia  
(Duration) yrs. \_\_\_ mos. 14 ds.

(Signed) L. B. Pierson M. D.  
Nov 18, 1912 (Address) L. B. Pierson

\*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 Calvary Cemetery DATE OF BURIAL Nov 20th 1912  
UNDERTAKER Cullinane Bros ADDRESS 1710th Grand ave

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.

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

# 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, 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.)

WHILE A BIRTH, 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

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 Central  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 789 File No. 37177  
 Primary Registration District No. 6033B Registered No. 194

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

FULL NAME Harvey J Tettemer

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH May 12, 1888  
 (Month) (Day) (Year)

AGE 74 yrs. 5 mos. 5 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Shoe manufacturing  
 (b) General nature of Industry, business, or establishment in which employed (or employer) " make shoes "

BIRTHPLACE (City or town, State or foreign country) U. S.

PARENTS  
 NAME OF FATHER Samuel Tettemer  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) U. S.  
 MAIDEN NAME OF MOTHER Abigail Weaver  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) U. S.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Aurora Tettemer  
 (ADDRESS) 8543 Emory av

Filed Jan 8 1913 Polla Bracy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 27, 1912, to Nov 12, 1912, that I last saw him alive on Nov 17, 1912, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Dying. Fracture of neck of femur  
Run over by an  
Automobile  
 (Duration) \_\_\_ yrs. 4 mos. 25 ds.

Contributory Hy pothetic Pneumonia  
 (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 14 ds.

(Signed) J. B. Pierson M. D.  
Nov 18, 1912 (Address) 1217 Bridge Rd.

\*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 Calvary Cem DATE OF BURIAL Nov 20, 1912

UNDERTAKER Cullinane Bros ADDRESS 1710 N. Grand

Original file. date Nov 18, 1912 All information called for must be written on this Supplementary Certificate.

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[Approved by U. S. Census and American Public Health  
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*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*" ("*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 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.)