

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 Mo (NO. 2861 E 13<sup>5</sup>)

Registration District No. 791  
Primary Registration District No. 1003

File No. 37500  
Registered No. 9843

St. 9 Ward

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

**FULL NAME** Helena Maria Stocker

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>Married</u> WIDOWED OR DIVORCED (Write the word)
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DATE OF BIRTH May 5<sup>th</sup> 1898  
(Month) (Day) (Year)

AGE 74 yrs 6 mos 6 ds.  
IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) St. Home

BIRTHPLACE  
(City or town, State or foreign country) Jefferson Paragula St Louis La

<b>PARENTS</b>	NAME OF FATHER <u>John Stein</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>
	MAIDEN NAME OF MOTHER <u>Dout Khan</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>"</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anton Stucker  
(ADDRESS) 2861 E 13<sup>5</sup> R.

Filed NOV 13 1912 Max B Starkloff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH November 11, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 4, 1912, to Nov 11, 1912, that I last saw her alive on Nov 11, 1912, and that death occurred, on the date stated above, at 10<sup>30</sup> P.M.

The CAUSE OF DEATH\* was as follows:  
Bronchitis acute

Contributory (SECONDARY) 106<sup>th</sup>  
(Duration) \_\_\_ yrs. \_\_\_ mos. 6 ds.

(Signed) Jos R. Hennerich M. D.  
Nov 11, 1912 (Address) 2921 So Broadway

\*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. Peter Paul DATE OF BURIAL Nov 14<sup>th</sup> 1912

UNDERTAKER Wm Robert ADDRESS 1003 Russell Ave

## of Death

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

**ation.**—Precise statement of t, so that the relative health- can be known. The question person, irrespective of age. gle word or term on the first *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,"

"*Farmer,*" etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), entered as *Housewife, Housework, or At home,* and 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, 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 "Asthemia," "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; railway train—accident; Revolver wound of head; Poisoned by carbolic acid—probably suicide.* of the injury, as fracture of skull, and consequent *sepsis, tetanus* may be stated under the head "contributory." (Recommendations on statement of death approved by Committee on Nomenclature, American Medical Association.)

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