

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

PLACE OF DEATH

County St. Louis

Township Central

Village _____

City _____ (NO. 24 Columbia Ave. or _____ Ward)

Registration District No. 789

File No. 40499

Primary Registration District No. 6033 B

Registered No. 912

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

FULL NAME William Silverthorn Couler

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED widowed
(If wife the word)

DATE OF BIRTH February 3, 1834
(Month) (Day) (Year)

AGE 78 yrs. 10 mos. 20 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Pughtown, W. Va

NAME OF FATHER John Couler

BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER Martha Silverthorn

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel M. Couler (Son)

(ADDRESS) 24 Columbia Ave.

Filed Dec 25 1912 Rolla Bruce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan, 1912, to Dec 23, 1912, that I last saw him alive on Dec 21, 1912, and that death occurred, on the date stated above, at 4 1/2 m. The CAUSE OF DEATH* was as follows:

Arteriosclerosis
(Duration) 0 yrs. 11 mos. ds.

Contributory Cerebral Hemorrhage
(Duration) ___ yrs. ___ mos. 10 ds.

(Signed) Missis Young M. D.
Dec 23 1912 (Address) 516 Chittenden St.

*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 Valhalla DATE OF BURIAL Dec 26 1912

UNDERTAKER Rolph Heide ADDRESS _____

PLEASE PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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 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.)

HUGH STEPHENS, JEFFERSON CITY.



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

PLACE OF DEATH

St. Louis
 Central

Registration District No. 789 File No.

Village _____ Primary Registration District No. 6033B Registered No. 212
 City (NO. 24 Columbia St. Ward)

FULL NAME William Silverthorn Coulter

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

PERSONAL AND STATISTICAL PARTICULARS

SEX male	COLOR OR RACE white	SINGLE MARRIED WIDOWED OR DIVORCED widowed (If write the word)
DATE OF BIRTH Feb. 3, 1884 (Month) (Day) (Year)		
AGE 78 yrs. 10 mos. 20 ds. If LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work farmer		
(b) General nature of industry, business, or establishment in which employed (or employer) retired		
BIRTHPLACE (City or town, State or foreign country) Pugh town, W. Va.		
PARENTS	NAME OF FATHER John Coulter	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) unknown	
	MAIDEN NAME OF MOTHER Mattha Silverthorn	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
 Dec. 23, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1912, to Dec. 23, 1912, that I last saw him alive on Dec. 21, 1912, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:
 Arteriosclerosis

(Duration) ___ yrs. 11 mos. ___ ds.

Contributory Cerebral hemorrhage
 (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Willis Young M. D.
 Dec. 23, 1912 (Address) 516 Metropolitan Bldg.

*State the Disease Causing Death, or, in deaths from Violence, 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 Informant: Samuel Coulter
 (ADDRESS) 24 Columbia Ave.
 Filed: Feb. 8, 1913 Pollo Bracy REGISTRAR

PLACE OF BURIAL OR REMOVAL
 Val Haller

DATE OF BURIAL
 Dec. 26, 1912

UNDERTAKER
 Rudolph Heede

ADDRESS
 3739 Sherman

Original file date DEC 23 1912 All information called for must be written on this Supplementary Certificate

MARGIN RESERVED FOR BINDING

WRITE

Very item of E.O.F.D.R.A

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RYS

old status report

Revised United States Standard Certificate of Death

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

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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*" ("*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.)

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