

WHILE PLAIN, 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 St Louis  
County Central  
Township \_\_\_\_\_ or \_\_\_\_\_  
Village \_\_\_\_\_ or \_\_\_\_\_  
City \_\_\_\_\_ (NO. 6519 Corbett Ave St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registration District No. 789 File No. 40502  
Primary Registration District No. 6033B Registered No. 216  
FULL NAME Baby Hayes (stillborn) (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single (Write the word)  
DATE OF BIRTH Dec 27, 1912 (Month) (Day) (Year)  
AGE 1 yrs. 8 mos. 32 ds. If LESS than 1 day, 8 hrs. or 32 min.?  
OCCUPATION (a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
BIRTHPLACE (City or town, State or foreign country) St Louis Co Mo.  
NAME OF FATHER Wm L Hayes  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri  
MAIDEN NAME OF MOTHER Stella Went  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Michigan

DATE OF DEATH Dec 27, 1912 (Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from Nov 27, 1912, to Dec 27, 1912, that I last saw her alive on Nov 27, 1912, and that death occurred, on the date stated above, at 8:30 AM.  
The CAUSE OF DEATH\* was as follows:  
Immature birth  
5 months  
159 (Duration) yrs. mos. ds.  
Contributory (SECONDARY) \_\_\_\_\_ (Duration) yrs. mos. ds.  
(Signed) John H. Hetter M. D.  
Dec 27, 1912 (Address) 650 8th Avenue

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Wm Hayes  
(ADDRESS) 6519 Corbett  
Filed Dec 27, 1912 Rolla Gray REGISTRAR

\*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 28, 1912  
UNDERTAKER Wm H. Collins ADDRESS Wm H. Collins

# 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. In reporting occupations a single word or term on the first line should be sufficient, e. g., *Farmer, or Planter, Physician, or, Architect, Locomotive engineer, Civil engineer, Fireman*, etc. But in many cases especially in factory employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or industry, and therefore an additional line is provided for a separate statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Store*; (a) *Foreman*, (b) *Automobile factory*. The work should be reported in the form part of the second state. Never return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household and not paid *Housekeepers* who receive a definite salary, should be entered as *Housewife, Housework, or At home*, and if not gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations in which persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been reported on account of the DISEASE CAUSING state occupation at beginning of illness. If from other business, that fact may be indicated thus: (retired, 6 yrs.) For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the primary affection with its 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 of terminal conditions, such as "Ashenja," "Anæmia" (merely symptomatic), "Collapse," "Coma," "Convulsions," "Debility," "Genital," "Senile," etc.; "Dropsy," "Exhaustion," "Failure," "Hæmorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," etc., unless a definite disease can be ascertained as the cause. It will qualify all diseases resulting from childbirth, carriage, as "PUERPERAL septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MAIN CAUSE and qualify as ACCIDENTAL, SUICIDAL, 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*. The cause of the injury, as fracture of skull, and consequent *sepsis, tetanus* may be stated under the head "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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