

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 (NO. St. Lukes Hosp. St. 28 Ward)

Registration District No. 791 File No. 2978  
 Primary Registration District No. 1003 Registered No. 297

FULL NAME Frank Starz

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> <small>(Write the word)</small>
DATE OF BIRTH <u>about</u> , 18 <u>69</u> <small>(Month) (Day) (Year)</small>		
AGE <u>about 44</u> yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>carpenter</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>St. Louis Mo.</u>		
PARENTS	NAME OF FATHER <u>Dont Know</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Dont Know</u>	
	MAIDEN NAME OF MOTHER <u>Dont Know</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dont Know</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>George Airing</u> (ADDRESS) <u>11th &amp; Cass Ave.</u>		
Filed <u>JAN -3 1913</u> <u>Marb Starkloff</u> 1913 REGISTERAR		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6th, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from November 25, 1912, to January 6th, 1913, that I last saw him alive on January 6, 1913, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH\* was as follows:  
Access of liver

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 1521 Lavin Ave. Wellston Mo.

PLACE OF BURIAL OR REMOVAL St. Peters DATE OF BURIAL 1-9- 1913

UNDERTAKER Bullen Kelly ADDRESS 2735 Cass Ave.

Contributory (SECONDARY) Plumery  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. M. D. M. D.  
January 8, 1913 (Address) Humboldt Bldg.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

[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, 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," "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.)

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

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES  
UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CERTIFICATE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City \_\_\_\_\_

Registration District No. 791

File No. \_\_\_\_\_

Primary Registration District No. 1003

Registered No. 297

FULL NAME Frank Starz

(NO. St. Lukes Hospital Ward)

[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 male COLOR OR RACE white SINGLE married  
MARRIED, WIDOWED, OR DIVORCED  
(Write the word)

DATE OF DEATH Jan. 6, 1913  
(Month) (Day) (Year)

DATE OF BIRTH About 1869  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 25, 1912, to Jan. 6, 1913, that I last saw him live on Jan. 6, 1913, and that death occurred, on the date stated above, at 9 p. m.

AGE About 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:

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

Abscess of Liver  
Upper Portion  
don't know cause of it  
(Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) St. Louis, Mo.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) yrs. mos. ds.

NAME OF FATHER \_\_\_\_\_

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

MAIDEN NAME OF MOTHER \_\_\_\_\_

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

(Signed) [Signature] M. D.  
Jan. 8 1913 (Address) Hamboldt 1364

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Informant) George Airing

Where was disease contracted If not at place of death? \_\_\_\_\_

(ADDRESS) 11th + Cass Ave.

Former or usual residence \_\_\_\_\_

Filed 3-27 1913, A. G. [Signature] DEPUTY REGISTRAR

PLACE OF BURIAL OR REMOVAL St. Peters DATE OF BURIAL 1-9 1913

UNDERTAKER Cullen Kelly ADDRESS 2735 Cass

Original file, date JAN. 1913

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

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

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2978