

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 \_\_\_\_\_

Village \_\_\_\_\_

City St. Louis (NO. 10371)

Registration District No. 791 File No. 7000

Primary Registration District No. 1008 Registered No. 1326

City City Hospital St. 8 Ward \_\_\_\_\_

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

FULL NAME George Perry

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Dec 16, 1867  
(Month) (Day) (Year)

AGE 45 yrs. 1 mos. 16 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 2-05

BIRTHPLACE (City or town, State or foreign country) Illinois

NAME OF FATHER Ben F Perry

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

MAIDEN NAME OF MOTHER Mae M Meyer

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. Ross

(ADDRESS) City Hospital

Filed FEB -8 1913 Registrar Max C Starkloff

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 1, 1913, to Jan 2, 1913, that I last saw him on Jan 1, 1913, and that death occurred, on the date stated above, at 5-4 in.

The CAUSE OF DEATH\* was as follows: Myocardial Infarction

Contributory Acute Cardiac Dilatation  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Frederic Hagler M.D.  
Jan 2, 1913 (Address) City Hospital

\* 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 30 yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted If not at place of death?  
Former or usual residence 1910 Victor

PLACE OF BURIAL OR REMOVAL Anatomical Board DATE OF BURIAL Feb 8, 1913

UNDERTAKER W. H. Alexander ADDRESS 2835 Olive

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question is to each and every person, irrespective of age, any occupations a single word or term on the first list will be sufficient, e. g., *Farmer or Planter, Physician, Visitor, Architect, Locomotive engineer, Civil engineer, Railway fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the nature of work and also (b) the nature of the business or industry, and therefore an additional line is provided for further statement; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The individual worked on may form part of the second statement.*

Never return "Laborer," "Foreman," "Manager," "Teacher," 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), should be entered as *Housewife, Housework, or At home*, and men, not gainfully employed, as *At school or At home*. Should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Server, 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 removed from 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 DISEASE CAUSING DEATH (the primary affection with reference to time and causation), using always the same designated term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "throat"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, Pleurisy, 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 "Asihenia," "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.)