

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 _____

Registration District No. 791

File No. 11626

Primary Registration District No. 1003

Registered No. 2522

(No. W. Louis Mo Washington Hotel St. W Ward)

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

FULL NAME Leopold H. Moss

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)	
DATE OF BIRTH <u>March 8, 1830</u> (Month) (Day) (Year)			
AGE <u>73</u> yrs. <u>5</u> mos. <u>5</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>clothing</u>			
BIRTHPLACE (City or town, State or foreign country) <u>Germany</u>			
PARENTS	NAME OF FATHER <u>Herman Moss</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>		
	MAIDEN NAME OF MOTHER <u>Ella Yauer</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>		

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Amorton Moss
(ADDRESS) Washington Hotel

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>March 12, 1913</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>March 11, 1913</u> , to <u>March 12, 1913</u> , that I last saw him alive on <u>March 12, 1913</u> , and that death occurred, on the date stated above, at <u>10:20 pm</u> .	
The CAUSE OF DEATH* was as follows: <u>Tubercular Cardiac and Gastro-enteritis</u> <u>120 B</u> <u>75 A</u> (Duration) ___ yrs. ___ mos. <u>14</u> ds.	
Contributory <u>General Debility</u> (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.	
(Signed) <u>W. L. Calappe</u> M. D. <u>March 13, 1913</u> (Address) <u>Oldman Bldg</u>	
*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 <u>W. L. Calappe</u>	DATE OF BURIAL <u>3/14</u> 191 <u>3</u>
UNDERTAKER <u>Jacobs. Rindshoff</u>	ADDRESS <u>435 N. Euclid Ave</u>

Filed MAR 13 1913 1913 Mar. C. Starkoff
REGISTRAR

United States Standard Certificate of Death

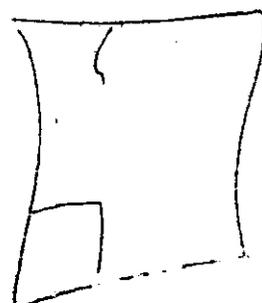
U. S. Census and American Public Health
Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthful pursuits can be known. The question should be asked of every person, irrespective of age, occupation, or position, a single word or term on the first line, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, Mechanic, etc.* But in many cases especially in employments, it is necessary to know (a) the nature of the business and also (b) the nature of the business or occupation; therefore an additional line is provided for comment; it should be used only when needed.
(a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Store, (a) Foreman, (b) Automobile factory.* The statement on may form part of the second statement of return "Laborer," "Foreman," "Manager," "Professional," without more precise specification, as *Day laborer, Laborer—Coal mine, etc.* Women who are engaged in the duties of the household (e. g., *Housekeepers* who receive a definite salary), should be reported as *Housewife, Housework, or At home*, and if gainfully employed, as *At school* or *At home*. Do not be taken to report specifically the occupations engaged in domestic service for wages, as *Servant, Housemaid, etc.* If the occupation has been given up on account of the DISEASE CAUSING DEATH, the occupation at beginning of illness. If re-employment, that fact may be indicated thus: *Resigned, 8 yrs.* For persons who have no occupation, 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 name for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Typhoid fever" never report "Typhoid, pneumonic pneumonia; Bronchopneumonia" ("Pneumonia" is indefinite); *Tuberculosis of lungs, Pleurisy, etc., Carcinoma, Sarcoma, etc.* of same origin; "Cancer" is less definite; avoid "Sarcoma" 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.)

To



*John H. ...
Public Health
Office*

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