

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 _____

Registration District No. 791

File No. 11074

Primary Registration District No. 1003

Registered No. 2473

City St. Louis (NO. City Hospital St. 8 Ward)

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

FULL NAME Ferdinand Humphreys

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE married MARRIED name of WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH March 9, 1913
(Month) (Day) (Year)

DATE OF BIRTH May 26, 1846
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 7, 1913, to March 9, 1913, that I last saw him alive on March 9, 1913, and that death occurred, on the date stated above, at 9:15 P.M.

AGE 66 yrs. 3 mos. 11 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) O-O

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

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

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

NAME OF FATHER Joseph Humphreys

(Signed) Frederic Haelen M. D.
March 10, 1913 (Address) City Hospital

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

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

MAIDEN NAME OF MOTHER Martha Haelen

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. 2 ds. In the 3 State ___ yrs. ___ mos. ___ ds.

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

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

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

PLACE OF BURIAL OR REMOVAL Graves DATE OF BURIAL Mar 12, 1913

(ADDRESS) City Hospital

UNDERTAKER Met. Hermann ADDRESS 3521 N. Bellevue

Filed MAR 12 1913 Maylo Starkloff REG. CLERK

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. 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, 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 "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.)

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PLACE OF DEATH

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

County _____ Registration District No. 791 File No. _____
Township _____ or _____ Village _____ or _____ City St. Louis (NO. City Hospital St. _____ Ward _____
Primary Registration District No. 1003 Registered No. 2473
[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Ferdinand Humpler

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH May 26, 1846 (Month) (Day) (Year)
AGE 66 yrs. 3 mos. 11 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work not known (b) General nature of industry, business, or establishment in which employed (or employer)

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

PARENTS NAME OF FATHER Joseph Humpler BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany MAIDEN NAME OF MOTHER Martha Stabel BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____

(ADDRESS) City Hospital Filed _____ 1913 MacBarkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9, 1913 (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Mar. 7, 1913, to Mar. 9, 1913, that I last saw him live on Mar. 9, 1913, and that death occurred, on the date stated above, at 9:15 p.m.

The CAUSE OF DEATH* was as follows: Chronic nephritis (Duration) 120 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) Frederic Hagler M. D. Mar. 10, 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 State ____ yrs. ____ mos. ____ ds. Where was disease contracted If not at place of death? Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Trudens DATE OF BURIAL Mar 12 1913 UNDERTAKER Matt Hermann ADDRESS 35 21 N. Perry

Revised United States Standard Certificate of Death

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

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