

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 Mo.*

Registration District No. \_\_\_\_\_

*791*

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

*11396*

Primary Registration District No. \_\_\_\_\_

*1003*

Registered No. \_\_\_\_\_

*2818*

(No. *1021 Russell ave* St. *9* Ward)

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

FULL NAME

*Magdalena Thumser*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female* COLOR OR RACE *White* SINGLE MARRIED WIDOWED OR DIVORCED *Married*  
(If wife the word)

DATE OF DEATH *March 20<sup>th</sup> 1913*  
(Month) (Day) (Year)

DATE OF BIRTH *May 1<sup>st</sup> 1835*  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *April 15<sup>th</sup> 1912*, to *March 19<sup>th</sup> 1913*, that I last saw her alive on *March 19<sup>th</sup> 1913*, and that death occurred, on the date stated above, at *4<sup>20</sup>* a.m.

AGE *77 yrs. 10 mos. 19 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 *Housework*  
(b) General nature of industry, business, or establishment in which employed (or employer) *9-0 At Home*

*Chronic Myocarditis*

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

*93°*  
*97°*  
*16* (Duration) \_\_\_ yrs. *7* mos. *4* ds.

NAME OF FATHER *Raspor Gradl*

Contributory *Arteriosclerosis senilis*  
(SECONDARY) (Duration) *2* yrs. \_\_\_ mos. \_\_\_ ds.

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

(Signed) *Louise Thumser* M. D.  
*March 20<sup>th</sup> 1913* (Address) *1808 Viller St.*

MAIDEN NAME OF MOTHER *Eva Gradl*

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

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Informant) *Andrew Thumser*

Where was disease contracted If not at place of death?

(ADDRESS) *1021 Russell ave*

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

Filed *Mar 21 1913* *Max Starkloff*

PLACE OF BURIAL OR REMOVAL *D. D. Peter & Co* DATE OF BURIAL *Mar 22 1913*

REGISTRY YEAR \_\_\_\_\_

UNDERTAKER *W. J. Robert* ADDRESS *1003 Russell ave*

# 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*, *Compositor*, *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.)

PLACE OF DEATH

REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS  
 CEIVE 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. 2818

FULL NAME

Magdalena Thumser

[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  
 MARRIED WIDOWED OR DIVORCED  
(Write the word)

DATE OF DEATH Mar. 20, 1913  
(Month) (Day) (Year)

DATE OF BIRTH May 1, 1835  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 15, 1912, to Mar 21, 1913,  
 that I last saw her alive on Mar 21, 1913,  
 and that death occurred, on the date stated above, at 4:00 a.m.

AGE 77 yrs. 10 mos. 19 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 Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Chronic myocarditis

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

(Duration) yrs. 7 mos. 4 ds.

NAME OF FATHER Casper Prade

Contributory arterio sclerosis  
(SECONDARY)

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

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

MAIDEN NAME OF MOTHER Eva - nel - Gradl

(Signed) Lawrence Thumser M. D.  
Mar 20 1913 (Address) 1808 Vicks St.

BIRTHPLACE OF MOTHER  
 (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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) Andrew Thumser

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(ADDRESS) 1021 Russell Ave.

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

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

FILED 3-17 1913 A. U. Brody REGISTRAR

PLACE OF BURIAL OR REMOVAL S. S. Peter + Paul DATE OF BURIAL Mar. 22 1913

UNDERTAKER W. J. Roberts ADDRESS 1003 Russell

Original file. date. MAR 1913 All information called for must be written on this Supplementary Card.

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.

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

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

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