

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. 21276

Primary Registration District No. 1003

Registered No. 5574

City St. Louis (NO. Rebekah Hospital Ward)

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

FULL NAME Mary Beero

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)

DATE OF DEATH June 12, 1913  
(Month) (Day) (Year)

DATE OF BIRTH July 17, 1884  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 10, 1913, to June 17, 1913, that I last saw her alive on June 17, 1913, and that death occurred, on the date stated above, at 11 P.M.

AGE 29 yrs. 11 mos. 11 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Acute Purpura hemorrhagica Nephritis  
130  
1180  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

OCCUPATION (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 9-10

Contributory Acute Pulmonary Edema  
(SECONDARY)  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

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

(Signed) R. G. H. M.D.  
June 18, 1913 (Address) 2838 S Grand

NAME OF FATHER Thomas Murphy

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

MAIDEN NAME OF MOTHER Margaret Clark

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

\*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 3433 Hickory Street

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Beero  
(ADDRESS) 3433 Hickory Str

PLACE OF BURIAL OR REMOVAL Cemetery DATE OF BURIAL 6-20-1913

Filed JUN 18 1913 Marb Starkloff  
REGISTRAR

UNDERTAKER Cullen Kelly ADDRESS 2735 Carondelet

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.

# 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*, *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.)

## PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

REGISTRARS SHALL NOT RE-  
CEIVE A FEE FOR CERTIFICATES  
UNTIL THEY ARE COMPLETED AS  
PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

County \_\_\_\_\_  
 Township \_\_\_\_\_ or \_\_\_\_\_  
 Village \_\_\_\_\_ or \_\_\_\_\_  
 City St. Louis (NO. Rebekah Hospital 16 Ward) Registration District No. 791 File No. \_\_\_\_\_  
 Primary Registration District No. 1003 Registered No. 5574

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

FULL NAME Mary Beers

| PERSONAL AND STATISTICAL PARTICULARS   |                       |  | MEDICAL CERTIFICATE OF DEATH  |  |
|--|-----------------------|--|---|--|
| SEX  | COLOR OR RACE         | SINGLE MARRIED OR DIVORCED (If write the word) | DATE OF DEATH   |  |
| Satisfactory Information Supplied.   |                       |  | June 12, 1913<br>(Month) (Day) (Year)   |  |
| DATE OF BIRTH  |                       |  | I HEREBY CERTIFY, that I attended deceased from   |  |
| Satisfactory Information Supplied.   |                       |  | June 1911, to _____, 1911,  |  |
| AGE  |                       |  | that I last saw him _____, 1911,  |  |
| Satisfactory Information Supplied.   |                       |  | and that death occurred, on the date stated above, at _____ m.  |  |
| OCCUPATION   |                       |  | The CAUSE OF DEATH was as follows:  |  |
| (a) Trade, profession, or particular kind of work  |                       |  | Acute Parenchymatous Nephritis  |  |
| (b) General nature of industry, business, or establishment in which employed (or employer) |                       |  | Edema of Lungs  |  |
| BIRTHPLACE   |                       |  | Contributory Pulmonary Edema  |  |
| (City or town, State or foreign country)   |                       |  | (Duration) _____ yrs. _____ mos. _____ ds.  |  |
| PARENTS  | NAME OF FATHER        |  | (Duration) _____ yrs. _____ mos. _____ ds.  |  |
|  | BIRTHPLACE OF FATHER  |  | (Signed) <u>Dr. J. Henry</u> M. D.  |  |
|  | MAIDEN NAME OF MOTHER |  | June 18, 1913 (Address) <u>2835 S. Grand Ave</u>  |  |
|  | BIRTHPLACE OF MOTHER  |  | *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) Satisfactory Information Supplied.   |                       |  | At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.  |  |
| (ADDRESS)  |                       |  | Where was disease contracted if not at place of death?  |  |
| Filed <u>June 18</u> 191 <u>3</u> <u>9.4. Madras</u> REGISTRAR                             |                       |  | Former or usual residence _____   |  |
| Original file. date _____ 19 _____   |                       |  | PLACE OF BURIAL OR REMOVAL  |  |
|  |                       |  | Satisfactory Information Supplied.  |  |
|  |                       |  | DATE OF BURIAL _____, 191____   |  |
|  |                       |  | UNDERTAKER _____  |  |

Original file. date \_\_\_\_\_ 19 \_\_\_\_\_

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

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Association]

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*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.)