

PLACE OF DEATH

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis (NO. City Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 791File No. 25001Primary Registration District No. 1003Registered No. 6870FULL NAME Louis M Laughlin
 [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 Male COLOR OR RACE White SINGLE MARRIED Married  
 WIDOWED OR DIVORCED  
 (Write the word)

 DATE OF DEATH July 26 <sup>th</sup> 1913  
 (Month) (Day) (Year)

 DATE OF BIRTH April 27, 1878  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

 AGE 35 yrs. 3 mos. 4 ds. If LESS than  
 1 day, \_\_\_ hrs. or \_\_\_ min.?

 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_\_,  
 and that death occurred, on the date stated above, at 6:30 m.

 OCCUPATION Teamster  
 a) Trade, profession, or particular kind of work  
 b) General nature of industry, business, or establishment in which employed (or employer) St. Louis

The CAUSE OF DEATH\* was as follows:

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

Investigation Pending  
Shock & Injuria  
71VF Intense Injuria  
212M (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

 NAME OF FATHER John M Laughlin  
 BIRTHPLACE OF FATHER Ky.  
 City or town, State or foreign country

 Contributory Fall from Ladder Accident  
 (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

 MARRIAGE NAME OF MOTHER Don't know

 (Signed) F. P. Burling M.D.  
7/27, 1913 (Address) Deputy Coroner

 BIRTHPLACE OF MOTHER Ky.  
 City or town, State or foreign country

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

I, the undersigned, being a physician, certify that I am a duly qualified physician and am duly sworn to the best of my knowledge

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

 I, the undersigned, being a physician, certify that I am a duly qualified physician and am duly sworn to the best of my knowledge  
 Name of Informant Eva M Laughlin  
 (ADDRESS) 818 Heckorey St.

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 818 Heckorey St.

JUL 9 1913 9.5. Arnold Registrar

 PLACE OF BURIAL OR REMOVAL St. Matthews DATE OF BURIAL 7/29, 1913

 UNDERTAKER Clem Weick ADDRESS 412 Duchouquette

# United States Standard Certificate of Death

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

County  
Missouri

**Place of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question to be asked of each and every person, irrespective of age, is: What was his or her occupation? Give only one occupation, and use a single word or term on the first line, if possible, e. g., *Farmer* or *Planter*, *Physician*, *Teacher*, *Miner*, *Druggist*, *Printer*, *Blacksmith*, *Electrician*, *Millwright*, *Shipyard worker*, *Welder*, *Painter*, *Carver*, *Milliner*, *Bookbinder*, *Shoemaker*, *Wagon maker*, *Blacksmith*, *Farmer*, *Planter*, *Physician*, *Miner*, *Druggist*, *Printer*, *Blacksmith*, *Electrician*, *Millwright*, *Shipyard worker*, *Welder*, *Painter*, *Carver*, *Milliner*, *Bookbinder*, *Shoemaker*, *Wagon maker*, etc. But in many cases, especially in the case of women, it is necessary to know (a) the nature of the work and also (b) the nature of the business or profession, and therefore an additional line is provided for each statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Department store*; (a) *Foreman*, (b) *Automobile factory*. The occupation should be 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*. If the occupation should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Book*, *Housemaid*, etc. If the occupation has been discontinued 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: (*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.)