

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

PLACE OF DEATH

County _____

Township _____

or Village _____

or City St. Louis (NO. St. Lukes Hospital St. 78 Ward)

Registration District No. 791

File No. 28500

Primary Registration District No. 1003

Registered No. 7832

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

FULL NAME Walter Munson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED (If write the word)

DATE OF BIRTH April 18, 1902
(Month) (Day) (Year)

AGE 11 yrs. 4 mos. 9 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer) O.D.

BIRTHPLACE (City or town, State or foreign country) Cleveland Ohio

NAME OF FATHER Charles E. Munson

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

MAIDEN NAME OF MOTHER Annie Grine

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. Munson
(ADDRESS) 6440 Wellman ave.

Filed AUG 28 1913 Max Stackloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 26, 1913, to Aug 26, 1913, that I last saw him alive on Aug 26, 1913, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:
Peritonitis
12.13
12.9

(Duration) ____ yrs. ____ mos. 3 ds.
Contributory Appendicitis
(SECONDARY) (Duration) ____ yrs. ____ mos. 3 ds.

(Signed) J. St. Barto, M. D.
Aug 27, 1913 (Address) 6104^{1/2} Eastern Ave.

*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 X yrs. X mos. 1 ds. In the 7 yrs. X mos. X ds.
Where was disease contracted 6440 Wellman ave. St. Louis County
if not at place of death?
Former or usual residence 6440 Wellman ave.

PLACE OF BURIAL OR REMOVAL St. Peters Cem. DATE OF BURIAL Aug 28, 1913

UNDERTAKER Edwin Shepard ADDRESS 5921 Eastern ave.

N. B.—Every item of information should be carefully supplied. A. B. should be stated. 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 to be asked of each and every person, irrespective of age, is: What occupation or profession has he followed in any of his occupations a single word or term, on the first line, will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Editor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Factory fireman*, etc. But in many cases especially in special employments, 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 further statement; it should be used only when needed. 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*, *telanus*) 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.)