

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

PLACE OF DEATH
County Franklin
Township Creston Registration District No. 297 File No. 39104
or Village St. Clair Primary Registration District No. 4178 Registered No. 42
or City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME Mrs Elizabeth Sincop

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widow
(If write the word)

DATE OF BIRTH May 11th 1839
(Month) (Day) (Year)

AGE 74 yrs. 7 mos. 14 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Liverpool England

NAME OF FATHER John Pierce

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

MAIDEN NAME OF MOTHER Frances Foy

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Alice Sherry (Daughter)

(ADDRESS) St. Louis, Mo

Filed 12/26 1913 W. E. Tuttle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 13th 1913, to Dec 25, 1913, that I last saw her alive on Dec 25th, 1913, and that death occurred, on the date stated above, at 3:50 p.m.

The CAUSE OF DEATH* was as follows:
Heart failure

108 (Duration) 18 hrs. yrs. mos. ds.

Contributor Lobar Pneumonia
(SECONDARY) (Duration) _____ yrs. _____ mos. 13 ds.

(Signed) C. F. Briegleb M. D.
Sec 26 1913 (Address) St. Clair, Mo.

* 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 St. Clair DATE OF BURIAL 12-27 1913

UNDERTAKER W. E. Duckworth ADDRESS St. Clair

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.)

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNWIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH
County Franklin
Township H. Clair
or Village H. Clair
or City _____ (NO. _____ St.: _____ Ward)

Registration District No. 294 File No. _____
Primary Registration District No. 4178 Registered No. 43

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

FULL NAME Elizabeth Sineax

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>F</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>w</u> <small>(Write the word)</small>
DATE OF BIRTH <u>May 11 1839</u> <small>(Month) (Day) (Year)</small>		
AGE <u>74</u> yrs. <u>9</u> mos. <u>14</u> ds. <small>if LESS than 1 day, hrs. or min.</small>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (by employer) _____		
BIRTHPLACE <u>Liverpool, England</u> <small>(City or town, State or foreign country)</small>		
PARENTS	NAME OF FATHER <u>John Sineax</u>	
	BIRTHPLACE OF FATHER <u>London</u> <small>(City or town, State or foreign country)</small>	
	MAIDEN NAME OF MOTHER <u>Harriet Lloyd</u>	
	BIRTHPLACE OF MOTHER <u>England</u> <small>(City or town, State or foreign country)</small>	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>12/25</u> , 191 <u>3</u> <small>(Month) (Day) (Year)</small>	
I HEREBY CERTIFY, that I attended deceased from <u>12/23</u> , 191 <u>3</u> , to <u>12/25</u> , 191 <u>3</u> , that I last saw her alive on <u>12/25</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>3:58</u> p.m.	
The CAUSE OF DEATH was as follows: <u>Heart failure (not being present at time of death I do not know the exact mode of immediate cause of death)</u> <small>(Duration) yrs. mos. ds.</small>	
Contributory <u>Labor Pneumonia</u> <small>(SECONDARY) (Duration) yrs. mos. ds.</small>	
(Signed) <u>C. H. Bruegler, M.D.</u> M. D. <u>12/26</u> , 191 <u>3</u> (Address) <u>H. Clair, Mo.</u>	
*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 <u>H. Clair, Mo.</u>	DATE OF BURIAL <u>12/29</u> , 191 <u>3</u>
UNDERTAKER <u>W. C. Beckworth</u>	ADDRESS <u>H. Clair, Mo.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alice Sineax (daughter)
(ADDRESS) H. Clair, Mo.
Filed 12/26, 1913 W. E. Kitchener REGISTRAR

DEC - 1913

Revised United States Standard Certificate of Death

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

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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 septicæmia," "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*, *letanus*) 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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