

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

PLACE OF DEATH

County _____

Township _____

or Village _____

or City St. Louis (NO. Deaconess Hospital Ward 18)

Registration District No. 791

File No. 3492

Primary Registration District No. 1003

Registered No. 1116

FULL NAME Henry Millmann

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

PERSONAL AND STATISTICAL PARTICULARS

D MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Jan. 28th 1914
(Month) (Day) (Year)

DATE OF BIRTH April 14th 1878
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,

AGE 35 yrs. 8 mos. 16 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 9:45 m.

OCCUPATION (a) Trade, profession, or particular kind of work Iron Worker

The CAUSE OF DEATH* was as follows:
Fracture of Spine & Laceration of Spinal Cord
Fall from Building

(b) General nature of industry, business, or establishment in which employed (or employer) Bridge Builder

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

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Accident

NAME OF FATHER Chas. Millmann

(Duration) _____ yrs. _____ mos. _____ ds.
8 (SECONDARY)

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

(Signed) H. W. Fath M.D.

MAIDEN NAME OF MOTHER Adeline Smith

1/30 1914 (Address) Deputy Coroner

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

*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. 6 ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence 1850 N. Market St.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. W. Fath

PLACE OF BURIAL OR REMOVAL St. Peters DATE OF BURIAL Jan 31 1914

(ADDRESS) Coroner's Office

UNDERTAKER John L. Bensieck ADDRESS 1136 N. 6 St.

Filed JAN 30 1914 Marb Starkloff

REGISTRAR

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.

statement of occu-
tion is very imp-
fulness of various
on applies to each:
For many occu-
first line will be
Physician, Com-
r, Civil engineer,
ly cases, especial-
necessary to know
nature of the bus-
additional line
ent; it should b
amples: (a) *Spinne*
b) *Grocery*; (a) *For*
aterial worked on
ent. Never retu
ager," "Dealer,"
ation, as *Day lab*
zine, etc. Women
duties of the hou
who receive a de
Housewife, Housew
gainfully employe
ould be taken to
s of persons eng
as *Servant, Co*
tion has been che
DISEASE CAUSING-
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None.
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SEAS CAUSING DE
spect to time and
cepted term for t
spinal fever (the
mic cerebrospina
use of "Croup");

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.)