

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

PLACE OF DEATH

County St Louis,Township CarondeletVillage Koch, Mo

City _____

Registration District No. 1123

File No. _____

Primary Registration District No. 6248BRegistered No. 297(NO. Robt Koch Hospital St.: _____ Ward)

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

FULL NAME William Unland

PERSONAL AND STATISTICAL PARTICULARS

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

 DATE OF BIRTH October 24, 1862
 (Month) (Day) (Year)

 AGE 51 yrs. 7 mos. 17 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

 (b) General nature of industry, business, or establishment in which employed (or employer) Not known

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

 NAME OF FATHER George Unland

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

 MAIDEN NAME OF MOTHER Not known

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt Koch Hospital(ADDRESS) Koch, MoFiled June 4 1914

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH June 11, 1914
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from May 24 th, 1914, to June 11th, 1914, that I last saw h im alive on June 11th, 1914,
and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

29A A.M.Pulmonary Tuberculosis(Duration) 1 yrs. 18 ds.

Contributory (SECONDARY)

(Duration) 1 yrs. 18 ds.(Signed) H. J. Dwyer M. D.June 11, 1914 (Address) Koch, 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 18 yrs. 18 ds. In the 30 yrs. 18 ds. State 18 yrs. 18 ds.Where was disease contracted St Louis, Mo
if not at place of death?Former or usual residence 152 Sidney St St Louis, Mo

PLACE OF BURIAL OR REMOVAL

Anatomical Board

DATE OF BURIAL

June 19, 1914

UNDERTAKER

Zigler Bros.

ADDRESS

St. Louis

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.)