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

PLACE OF DEATH

County _____

Township _____ or Village _____ or City St Louis (NO. 1327 N 8th St.; 4 Ward)

Registration District No. 791 File No. 27500

Primary Registration District No. 1003 Registered No. 7500

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

FULL NAME Annie Zakrzewska

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

DATE OF BIRTH: Feb 24, 1914 (Month) (Day) (Year)

AGE: — yrs. 5 mos. 12 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

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

PARENTS
NAME OF FATHER: Stanistow Zakrzewski
BIRTHPLACE OF FATHER (City or town, State or foreign country): Poland
MAIDEN NAME OF MOTHER: Walerka Balczak
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Italy

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stanistow Zakrzewski

(ADDRESS) 1327 N 8th St

Filed ___ 19__ Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6, 1914 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 1, 1914, to Aug 6, 1914, that I last saw her alive on Aug 5, 1914, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis (Acute)

1176 104

(Duration) — yrs. — mos. 10 ds.

Contributory (SECONDARY) —

(Duration) — yrs. — mos. ___ ds.

(Signed) H Fuhrmann M. D.

Aug 7, 1914 (Address) Morris & Jean Rd

*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: Calvary

DATE OF BURIAL: Aug 7, 1914

UNDERTAKER: John O Bensieck Sons

ADDRESS: 1138 N 6th St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation

tates Standard Certificate of Death

lensus and American Public Health Association]

oupation.—Precise statement of oc-
ortant, so that the relative health-
rsults can be known. The question
every person, irrespective of age.
ns a single word or term on the first
, e. g., *Farmer* or *Planter*, *Physician*,
t, *Locomotive engineer*, *Civil engineer*,
etc. But in many cases, especially in
ents, it is necessary to know (*a*) the
also (*b*) the nature of the business or
fore an additional line is provided for
t; it should be used only when needed.
Spinner, (*b*) *Cotton mill*; (*a*) *Salesman*,
Foreman, (*b*) *Automobile factory*. *The*
n may form part of the second state-
rn "Laborer," "Foreman," "Manager,"
hout more precise specification, as *Day*
rer, *Laborer—Coal mine*, etc. Women
engaged in the duties of the household
usekeepers who receive a definite salary),
Housewife, *Housework*, or *At home*, and
ully employed, as *At school* or *At home*.
ten to report specifically the occupations
d in domestic service for wages, as *Ser-*
maid, etc. If the occupation has been
up on account of the DISEASE CAUSING
upation at beginning of illness. If re-
ess, that fact may be indicated thus:
3 yrs.) For persons who have no occu-
, write *None*.

of cause of death.—Name, first, the
DEATH (the primary affection with re-
nd causation), using always the same
for the same disease. Examples: *Cere-*
the only definite synonym is "Epidemic
eningitis"); *Diphtheria* (avoid use of
oid fever (never report "Typhoid pneu-
pneumonia; Bronchopneumonia ("Pneu-
fied, is indefinite); *Tuberculosis of lungs*,
aeum, etc., *Carcinoma*, *Sarcoma*, etc., of
me origin; "Cancer" is less definite; avoid
use of "Tumor" for malignant neoplasm); *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," "Toxaemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "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.)