

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

PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City St. Louis

Registration District No. 781

File No. 37253

Primary Registration District No. 1003

Registered No. 10541

(NO. 2605 1/2 Washington St., 7 Ward)

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

FULL NAME Infant Victoria Mary Cosmas

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

Female White Single

DATE OF BIRTH

Nov. 20, 1914
(Month) (Day) (Year)

DATE OF DEATH

Nov-21-, 1914
(Month) 2 (Day) (Year)

AGE

- yrs. - mos. 2 ds.
If LESS than 1 day, ____ hrs. or ____ min.?

I HEREBY CERTIFY, that I attended deceased from Nov-20-, 1914, to Nov-21-, 1914; that I last saw her alive on Nov-21-, 1914, and that death occurred, on the date stated above, at 5:30 Am. The CAUSE OF DEATH* was as follows:

OCCUPATION

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

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

Cerebral Hemorrhage
1500
159
(Duration) ____ yrs. ____ mos. ____ ds.

BIRTHPLACE

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

Contributory Primaturity
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

NAME OF FATHER

George Cosmas

(Signed) J. C. Stewart M. D.

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Greece

11-21-1914 (Address) 2603 1/2 Washington

MAIDEN NAME OF MOTHER

Mary Gregorides

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Greece

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thee Cosmas

Where was disease contracted if not at place of death?

Former or usual residence _____

(ADDRESS) 2605 1/2 Washington

PLACE OF BURIAL OR REMOVAL Valhalla DATE OF BURIAL Nov. 22, 1914

Filed NOV 22 1914 Marcel Starkloff REGISTRAR

UNDERTAKER Geo. L. Pitsch ADDRESS 5984 East a

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.

can be by all
NOV 22 1914

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, Composer, 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) *Colton 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, 8 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 "Asthemia," "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, 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.)

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 37253

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 14590

On this _____ day of _____, 195____, before me appears _____

_____ who, upon _____ oath, states that the original record of birth death
for Victoria Mary Cosmas, died 8-13- 1914 in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 2 should read Victoria Mary Cosmas

Instead of _____

Item No. 7 should read Emmanuel Cosmas

Instead of _____

Item No. 13 should read Mary Gregarides

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Victoria Mary Cosmas Relationship.

*227 Audubon Ave. Present Address. n. y. c.

Subscribed and sworn to before me this 13 day of October, 1954.

My Commission expires 3-4-57 Ellen C. Paddock Notary Public.

My A. S. H. 128-67 15467
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

