

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

PLACE OF DEATH  
 County St. Louis  
 Township \_\_\_\_\_  
 or Village \_\_\_\_\_  
 or City St. Louis (NO. Barnes Hospital St. 70 Ward)

Registration District No. 791 File No. 40816  
 Primary Registration District No. 1003 Registered No. 11575

FULL NAME Mrs. Gertrude S. Cooper

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

DATE OF BIRTH January 22, 1865  
(Month) (Day) (Year)

AGE 49 yrs. 11 mos. 2 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

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

PARENTS  
 NAME OF FATHER E. C. Slater  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia  
 MAIDEN NAME OF MOTHER Mary Cole  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Va.

DATE OF DEATH December 25, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec., 1914, to Dec. 25, 1914, that I last saw her alive on Dec 24, 1914, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH\* was as follows:  
Acute General Peritonitis

129  
107A (Duration) \_\_\_ yrs. \_\_\_ mos. 6 ds.  
91  
 Contributory Broncho-pneumonia  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 2 ds.

(Signed) D. W. Huer M. D.  
Dec 25, 1914 (Address) Barnes Hospital

\*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. 24 ds. in the 21 yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death? 3632 Cov. Av. St. Louis Mo

Former or usual residence 3632 Cov. Av. St. Louis Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Estelle Cooper

(ADDRESS) 3632 Cov. Av.

Filed DEC 26 1914 May C. Starbuck

REGISTRAR

PLACE OF BURIAL OR REMOVAL Walhalla Cemetery DATE OF BURIAL Dec 26, 1914

UNDERTAKER C. R. Lupton ADDRESS 4449 Alwash

# 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, peritonaeum*, 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 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.)