

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
 County: St. Louis
 Town or Village or City: St. Louis
 Registration District No.: 1003
 Primary Registration District No.: 791
 Registered No.: 41016
 File No.: 11787
 (If death occurred in a hospital or institution, give its NAME instead of street and number) Deaconess Hospital St. 7 Ward

FULL NAME: August Beuling

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX: Male COLOR OR RACE: White SINGLE MARRIED WIDOWED OR DIVORCED: Single
 DATE OF BIRTH: January 2, 1885
 AGE: 59 yrs. 11 mos. 27 ds. IF LESS than day, hrs. or min.
 OCCUPATION (a) Trade, profession, or particular kind of work: Woolley Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer): Mattress Supplier
 BIRTHPLACE (City or town, State or foreign country): Bieber, Germany
 NAME OF FATHER: William Beuling
 BIRTHPLACE OF FATHER (City or town, State or foreign country): Germany
 MAIDEN NAME OF MOTHER: Unknown
 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Germany

DATE OF DEATH: Dec 30, 1914
 I HEREBY CERTIFY, that I attended deceased from Dec 23, 1914 to Dec 30, 1914, that I last saw him alive on Dec 22, 1914, and that death occurred, on the date stated above, at 6:30 p.m.
 The CAUSE OF DEATH* was as follows:
Chronic Nephritis
131
707A (Duration) yrs. mos. ds.
170
 Contributory Broncho Pneumonia
 (SECONDARY) (Duration) yrs. mos. ds.
 (Signed) T. J. [Signature] M. D.
12/31, 1914 (Address) 1943 or 11705

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:
 (Informant) Harry J. Burkert
 (ADDRESS) 2608 Louisiana Ave
 Filed DEC 31 1914
mail Starless
 REGISTRAR

*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? 2207 Atholton St. St. Louis Mo
 Former or usual residence: 2207 Atholton on St. Louis Mo
 PLACE OF BURIAL OR REMOVAL: Missouri Crematory
 DATE OF BURIAL: Jan 1, 1915
 UNDERTAKER: G. R. E. [Signature]
 ADDRESS: 4449 Olive St.

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.

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) *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 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.)