

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County: St. Louis, Mo.
 Town or City: St. Louis, Mo.
 District No. 791
 Primary Registration District No. 308
 (No. of District)
 Name: Louis Berezuk

791
 308
 4
 17354
 4208
 Date of Death: MAY 7 1915
 Time of Death: 12 m.

PERSONAL AND STATISTICAL PARTICULARS
 3 SEX: Male
 4 COLOR OR RACE: White
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
 6 DATE OF BIRTH: About Sept. 89
 7 AGE: About 23 yrs. 8 mos.

MEDICAL CERTIFICATE OF DEATH
 18 DATE OF DEATH: MAY 7 1915
 17 I HEREBY CERTIFY that I attended deceased from the time of death to the time that I last saw him alive on MAY 7 1915
 and that death occurred, on the date stated above, at 12 m.
 The CAUSE OF DEATH* was as follows:

8 OCCUPATION
 (a) Trade, profession, or particular kind of work: Dealer Bags
 (b) General nature of industry business, or establishment in which employed (or employer): 55 E. Washington

Removal of lobe from lungs in amt about his weight

9 BIRTHPLACE
 (City or town, State or foreign country): Russia

PARENTS
 10 NAME OF FATHER: Gregory Berezuk
 11 BIRTHPLACE OF FATHER: Russia
 12 MAIDEN NAME OF MOTHER: Don't know
 13 BIRTHPLACE OF MOTHER: "

60
 (Signed) [Signature] M. D.
 (Address) 2106 Wash St

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mike Berezuk
 (Address) 2401 Wash St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.
 19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents):
 At place of death: 10 ds. In the State: 3 yrs. mos. ds.
 Where was disease contracted if not at place of death?
 Former or usual residence: 2101 Wash St.

15 Filed: MAY --8 1915
 Registrar: Max B. Starbloff

19 PLACE OF BURIAL OR REMOVAL: St. Michaels Mt Hope
 DATE OF BURIAL: May 9 1915
 20 UNDERTAKER: Aug Broadland & Co
 ADDRESS: 1421 N 9

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*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name only; "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.)