

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH
 County: St. Louis
 Township: St. Louis
 or
 Village: St. Louis
 or
 City: St. Louis

2 FULL NAME
Amianda Reichenberger

3 SEX: Female
 4 DATE OF BIRTH: Jan 16 1870
 5 AGE: 45
 6 OCCUPATION: Book
 7 BIRTHPLACE: Germany

8 OCCUPATION
 (a) Trade, profession, or particular kind of work: Book
 (b) General nature of industry, business, or establishment in which employed (or employer): Private Family

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

10 NAME OF FATHER: John Reichenberger
 11 BIRTHPLACE OF FATHER: Germany
 12 MAIDEN NAME OF MOTHER: Magdalena Attnether
 13 BIRTHPLACE OF MOTHER: Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant): J. J. Groverman
 (Address): 1213 Tyler

15 FILED: MAY 20 1915
Mark Starkloff
 Registrar

16 DATE OF DEATH: May 19 1915
 17 I HEREBY CERTIFY that I attended deceased from May 19 1915 to May 16 1915
 that I last saw her alive on May 16 1915
 and that death occurred on the date stated above at 9 a.m.

THE CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
(Pylorus)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, etc.)
 At place of death: 4 yrs. 4 mos. 10 ds.
 If not at place of death?
 Former or usual residence: St. Louis

19 PLACE OF BURIAL OR REMOVAL: Calvary
 DATE OF BURIAL: May 21 1915
 20 UNDERTAKER: Aug Brockland & Co.
 ADDRESS: 1421 N. 9th 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.

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 4524

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*" ("*Con- genital*," "*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.)