

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

1 PLACE OF DEATH

St. Louis

County

Carondelet

Township

Koch, Mo.

Village

or

City

(NO

Registration District No.

1123

File No.

28647

Primary Registration District No.

6248B

Registered No.

440

Robert Koch Hospital

St.

Ward)

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

2 FULL NAME

Maud Leonard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
OR WIDOWED
OR DIVORCED
(Write the word)

Female

White

Divorced

6 DATE OF BIRTH

March

8

889

(Month)

(Day)

(Year)

7 AGE

26

6

8

yrs.

mos.

ds.

If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

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

House work

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

Not known

9 BIRTHPLACE

(City or town, State or foreign country)

Missouri

10 NAME OF FATHER

William Leonard

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country)

Missouri

12 MAIDEN NAME OF MOTHER

Mahala Carney

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

Missouri

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Koch Hospital Records

(Informant)

Koch, Mo.

(Address)

15

Filed

Sept. 16

191

L. C. Obrock

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

September

16

191

5

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, that I attended deceased from

April 18

1915

September 16

1915

that I last saw h

or

September 16

1915

and that death occurred, on the date stated above, at

5:30

The CAUSE OF DEATH* was as follows:

A.M.

23A Pulmonary Tuberculosis

CONTRIBUTOR

(Secondary)

(Duration)

yrs.

mos.

ds.

(Signed)

Sept 16

1915

(Address)

Koch, Mo.

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place

4

29

ds.

In the

5

29

of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted if not at place of death?

Not known

Former or usual residence

4425 Vista Ave. St Louis, Mo.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Salem Mo.

Sept. 17, 1915

20 UNDERTAKER

ADDRESS

St. Louis, Mo.

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 organ; "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.)