

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

1 PLACE OF DEATH

County
Township
or
Village
or
City St. Louis

Registration District No. 7011 Eps. No. 28922
Primary Registration District No. 1002 Registered No. 7597
St. 16 Ward

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

2 FULL NAME Walter Franklin Drome

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDDED OR DIVORCED married
(Write the word)

6 DATE OF BIRTH January 3, 1863
(Month) (Day) (Year)

7 AGE 52 yrs. 8 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Commission Man
(b) General nature of industry, business, or establishment in which employed (or employer) with Grain Company

9 BIRTHPLACE (City or town, State or foreign country) Canada

PARENTS
10 NAME OF FATHER unknown Drome
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Canada
12 MAIDEN NAME OF MOTHER Rebecca unknown
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Canada

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Walter Drome Jr
(Address) 5019 Ridge

15 Filed SEP 9 1915 Marb Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 7th, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 31, 1915 to Sept 7th, 1915 that I last saw him alive on Sept 7th, 1915 and that death occurred, on the date stated above, at 5:20 P.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
Cardiac failure of compensation
(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac failure of compensation
(Duration) yrs. mos. 2 ds.

(Signed) P. J. Tanguary M. D.
Sept 7, 1915 (Address) 6122 Eastern Av.

*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 of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? 5019 Ridge
Former or usual residence do

19 PLACE OF BURIAL OR REMOVAL Valhalla DATE OF BURIAL 9/10, 1915

20 UNDERTAKER Ables 727 N. King Highway ADDRESS

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*, *Factory 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 "Asihemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "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.)