

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

1 PLACE OF DEATH

County .....  
 Township ..... or Village ..... or City St. Louis (NO. City Hospital St. 7 Ward)  
 Registration District No. 791 File No. 34872  
 Primary Registration District No. 1003 Registered No. 9135  
 2 FULL NAME Ench Peites  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3 SEX Male  
 4 COLOR OR RACE White  
 5 SINGLE Widowed  
 MARRIED  
 WIDOWED  
 OR DIVORCED  
 (Write the word)  
 6 DATE OF BIRTH Sept 11 1877  
 (Month) (Day) (Year)  
 7 AGE 77 yrs. 1 mos. 22 ds.  
 IF LESS than  
 1 day.....hrs.  
 or.....min?  
 8 OCCUPATION None  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry business, or establishment in which employed (or employer)  
 9 BIRTHPLACE Missouri  
 (City or town, State or foreign country)

10 DATE OF DEATH Nov 2 1915  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, that I attended deceased from Oct 27 1915 to Nov 2 1915  
 that I last saw him alive on Nov 2 1915  
 and that death occurred, on the date stated above, at 4:00 p.m.  
 The CAUSE OF DEATH\* was as follows:  
Myocarditis, Chronic  
 934. 79  
 (Duration)..... yrs..... mos..... ds.

PARENTS  
 10 NAME OF FATHER Fordrick Peites  
 11 BIRTHPLACE OF FATHER Germany  
 (City or town, State or foreign country)  
 12 MAIDEN NAME OF MOTHER Mathenie Puhling  
 13 BIRTHPLACE OF MOTHER Pennsylvania  
 (City or town, State or foreign country)

CONTRIBUTORY (Secondary)  
 (Duration)..... yrs..... mos..... ds.  
 (Signed) J. D. Single  
Nov 2 1915 (Address) City Hospital  
 \*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)  
 (Place of death)..... yrs..... mos..... ds. In the 77 yrs..... mos..... ds. State 77

14 THE ABOVE STATEMENT IS CORRECT  
 (Informant) Erman  
 (Address) City Hospital

Where was disease contracted if not at place of death?  
 Former or usual residence 1305 Dillon  
 19 PLACE OF BURIAL OR REMOVAL New Picken  
 DATE OF BURIAL Nov 3 1915

15 Filed: NOV -4 1915 Max B Starkloff  
 Registrar

20 UNDERTAKER Ch. Trumb  
 ADDRESS 1807 Russell

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.)