

1 PLACE OF DEATH

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

12247

County

Township

or

Village

or

City *St Louis*Registration District No. *5701*File No. *2643*Primary Registration District No. *1003*Registered No. *2643*(No. *6043 Horton Place* St. *78* Ward)

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

2 FULL NAME *Henry G. Vreeland*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *married*
(Write the word)6 DATE OF BIRTH *July 16 1836*
(Month) (Day) (Year)7 AGE *79* yrs. *7* mos. *23* ds. IF LESS than 1 day.....hrs. or.....min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work *Retired Dry Goods*
(b) General nature of industry business or establishment in which employed (or employer) *1916*9 BIRTHPLACE
(City or town, State or foreign country) *Rutherford N.J.*10 NAME OF FATHER *Geo. E. Vreeland*11 BIRTHPLACE OF FATHER
(City or town, State or foreign country) *New Jersey*12 MAIDEN NAME OF MOTHER *Ann Yreance*13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country) *New Jersey*14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Adrian Vreeland*
(Address) *6043 Horton Place*15 Filed *MAR - 8 1916* *Max S. Starkloff*
1916 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Mar. 7th 1916*
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from 191..... to 191.....
that I last saw h..... alive on 191.....
and that death occurred, on the date stated above, at *11-30 a.*The CAUSE OF DEATH* was as follows:
Shock & Injuria
Internal Injuria
*Concussion of brain*CONTRIBUTORY *Fall down Stair, Accident*
(Secondary)(Signed) *H. W. Fudge, M.D.*
3/8 1916 (Address) *Deputy Coroner*

*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.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?.....

Former or usual residence. *6043 Horton Place*19 PLACE OF BURIAL OR REMOVAL *Valhalla Cemetery* DATE OF BURIAL *March 9, 1916*20 UNDERTAKER *C. B. Lupton* ADDRESS *4449 Olive St.*

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), *20 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 *septicæmia*," "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.)

PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County _____

Township _____

or

Village _____

or

City St. LouisRegistration District No. 791

File No. _____

Primary Registration District No. 1003Registered No. 2643(NO. 6043 Horton Place St. 28 Ward)

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

FULL NAME Henry G. Ureeland

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Male

COLOR OR RACE

White

SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

Married

DATE OF DEATH

Mar. 7th

(Month)

(Day)

1916

DATE OF BIRTH

July

(Month)

16th 1839

(Day)

(Year)

HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,

AGE

76yrs. 7mos. 21

ds.

IF LESS than

1 day, _____ hrs.

or _____ min.

that I last saw h_____ alive on _____, 191____,

and that death occurred, on the date stated above, at 11:30 a. m.

OCCUPATION

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

Retired by Social Security

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

The CAUSE OF DEATH* was as follows:

Shock & InjuriesInternal Injuries +
Concussion of brain

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) Fall down Stairs, Accident

(Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE

(City or town, State or foreign country)

Rutherford, N. J.

NAME OF FATHER

Geo. G. Ureeland

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

New Jersey

MAIDEN NAME OF MOTHER

Ann Yrcauce

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

New Jersey(Signed) H. H. Faith3/81916(Address) Deputy Coroner

M. D.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds.

in the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

If not at place of death?

Former or usual residence 6043 Horton Place

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adrianna Ureeland(ADDRESS) 6043 Horton Place

PLACE OF BURIAL OR REMOVAL

Valhalla Cemetery

DATE OF BURIAL

March 9, 1916Filed May 4th 1916at St. Louisby A. G. Snodgrass

Deputy

REGISTRAR

UNDERTAKER

C. N. Lupton

ADDRESS

449 Olive St.

Original file, date _____

All information called for must be written on this Supplementary Certificate.

N. B.—Every item of information 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]

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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.)