

1 PLACE OF DEATH

County

Township

or

Village

or

City *St Louis mo* (NO *Jewish Hospital* St. *18* Ward)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. *791*File No. *12643*Primary Registration District No. *1003*Registered No. *3060*2 FULL NAME *William H. H. Horine*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

6 MARRIED

7 WIDOWED

8 OR DIVORCED

(Write the word)

Married.

6 DATE OF BIRTH

*Feb**20**1840*

(Month)

(Day)

(Year)

7 AGE

*76**yrs.**1**mos.**—**da.*

If LESS than

1 day.....hrs.

or.....min.?

8 OCCUPATION

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

Retired machanic

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

Jeweler.

9 BIRTHPLACE

(City or town, State or foreign country)

Hagerstown Md.

10 NAME OF FATHER

Henry Horine

11 BIRTHPLACE OF FATHER

Manland

12 MAIDEN NAME OF MOTHER

(mk.) Krebs

13 BIRTHPLACE OF MOTHER

Manland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr W. H. H. Horine

(Address)

Carlinville Ill.

15

Filed

*MAR 23 1916**Max C. Starkloff*

Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*March**20**1916*

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, that I attended deceased from

*March 8th**1916**to March 20**1916*that I last saw him alive on *March 20*, 191*6*.and that death occurred, on the date stated above, at *9 a* m.

The CAUSE OF DEATH* was as follows:

*Proemia,**137**1334**130 B*

(Duration)

*About 7**ds.*

CONTRIBUTORY

(Secondary)

(Duration)

*2**yrs.**—**mos.**—**ds.*

(Signed)

C. R. Lupton

M. D.

March 20, 191*6*.

(Address)

650 Century Bldg

*State the Disease Causing Death, or, in death 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. *12* ds. In the State — yrs. — mos. *12* ds.Where was disease contracted *Carlinville Ill* if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Carlinville Ill

DATE OF BURIAL

March 22 1916

20 UNDERTAKER

C. R. Lupton

ADDRESS

4449 Olive 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.

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" ("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.)

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.

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

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

1 PLACE OF DEATH

County
 Township Registration District No. 791 File No.
 or
 Village Primary Registration District No. 1003 Registered No. 3060
 of
 City St. Louis City (NO.) St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

William H. H. Horring

PERSONAL AND STATISTICAL PARTICULARS

3 <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>M</u>
6 DATE OF BIRTH (Month) (Day) 1 (Year)		
7 AGE yrs. mos. ds.		It LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country)		
PARENTS	10 NAME OF FATHER	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	
	12 MAIDEN NAME OF MOTHER	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
..... (Month) Me 20 (Day) 191..... (Year) 6

17 I HEREBY CERTIFY, that I attended deceased from 191..... to 191..... that I last saw him alive 191..... and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:
Uræmia
Acute Pyelonephritis
 (Duration) yrs. mos. ds.
Chronic glomerulonephritis
 (Duration) 2 yrs. mos. ds.
 (Signed) C. P. ... M. D.
3-20, 1916 (Address) 650 Centenary Bldg.

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

19 PLACE OF BURIAL OR REMOVAL **DATE OF BURIAL** 191.....

20 UNDERTAKER **ADDRESS**

SUPPLEMENTARY

Satisfactory Information Supplied.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)
 (Address)

15 Filed AUG 21 1916 Max Starkoff
 Registrar

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

12643

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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), *29ds.*; *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.)