

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

1 PLACE OF DEATH

County .....

Township .....

Village .....

City .....

Registration District No. 791

File No. 23216

Primary Registration District No. 798

Registered No. 7916

(NO. 1223 S. 6th St. 7 Ward)

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

2 FULL NAME

Jacob Motz

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male  
4 COLOR OR RACE White  
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

16 DATE OF DEATH Aug. 18th 1916  
(Month) (Day) (Year)

6 DATE OF BIRTH March 1st 1886  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug. 18, 1916, to Aug. 18, 1916, that I last saw him alive on Aug. 18, 1916, and that death occurred, on the date stated above, at 12-12 pm.

7 AGE 57 yrs. 5 mos. 18 ds.  
If LESS than 1 day.....hrs. or.....min.?

The CAUSE OF DEATH\* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work Stage Hand  
(b) General nature of industry business, or establishment in which employed (or employer)

1916 Isolation  
758  
56 Acute  
(Duration) yrs. mos. ds.

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

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) Robt. E. Harvey (Address) 1223 S. 6th St. City, Mo.

10 NAME OF FATHER Jacob Motz

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

12 MAIDEN NAME OF MOTHER DON'T KNOW

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

\*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)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Handing

(Address) 1909 Blair St.

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 1223 S. 6th St.

15 Filed 21 1916 Max Starkloff Registrar

19 PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL Aug. 21 1916

20 UNDERTAKER J. O. Collins ADDRESS 517 Walnut St.

CAUSE OF DEATH... 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.)

## 1 PLACE OF DEATH

## MISSOURI STATE BOARD OF HEALTH

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

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

County .....  
 Township ..... or .....  
 Village ..... or .....  
 City *St. Louis* (NO. *1223 S. 6<sup>th</sup>* St. *7* Ward) Registration District No. *791* File No. ....  
 Primary Registration District No. *1003* Registered No. *7916*

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

2 FULL NAME *Jacob Motz*

## 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 ..... (Month) ..... (Day) ..... (Year) .....  
 7 AGE ..... years ..... mos. ..... ds. If 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) .....

## 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) .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15

Filed *Aug 21*, 191*6* *Marck Starkloff*  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Aug 18* 191*6*  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from ..... 191..... to ..... 191.....  
 that I last saw him/her alive on ..... 191.....  
 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH was as follows:

*Insolation*  
*Sunstroke*  
 (Duration) ..... yrs. .... mos. .... ds.

## CONTRIBUTOR (Secondary)

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

(Signed) *H. W. Gath* M. D.  
*Aug 19*, 191*6* (Address) *Deputy Coroner*

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. .... 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 .....

Original file, date *AUG* 1916, 19.....

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

N. B.—Every item of information should be correctly supplied. AGE should be stated EXACTLY. SEX should be correctly classified. RACE should be stated. PHYSICIANS should state Department.

Supplementary Information Supplied.  
 Supplementary Information Supplied.  
 Supplementary Information Supplied.  
 Supplementary Information Supplied.

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

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29816  
*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.)