

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

1 PLACE OF DEATH

County St. Louis
Township Carondelet
or
Village Koch, Mo.
or
City Robt Koch Hospital (NO. St. Ward)

Registration District No. 1123 File No. 38707
Primary Registration District No. 6248B Registered No. 546

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

2 FULL NAME Charles Caskey

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) Single	16 DATE OF DEATH November 20 1916 (Month) (Day) (Year)	
6 DATE OF BIRTH July 16 1877 (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from March 12th 1916 to Nov. 20th 1916 , that I last saw him alive on Nov. 20th 1916 , and that death occurred, on the date stated above, at 10.50 a.m.	
7 AGE 39 yrs. 4 mos. 4 ds.		If LESS than 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis	
8 OCCUPATION (a) Trade, profession, or particular kind of work Salesman (b) General nature of industry business or establishment in which employed (or employer) Wholesale House			28 (Duration) 2 yrs. 0 mos. 8 ds.	
9 BIRTHPLACE (City or town, State or foreign country) Pennsylvania			CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) M. J. Dwyer M. D. Nov. 20th 1916 (Address) Koch, Mo.	
PARENTS	10 NAME OF FATHER Alexander Caskey		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Pennsylvania		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the 11, yrs. mos. ds. State. 8 mos. 8 ds.	
	12 MAIDEN NAME OF MOTHER Agnes Smith		Where was disease contracted if not at place of death? St. Louis, Mo	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pennsylvania		Former or usual residence 112 8.4th St St Louis, Mo.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Koch Hospital Records (Address) Koch, Mo			19 PLACE OF BURIAL OR REMOVAL Anatomical Bld. DATE OF BURIAL Nov. 26 1916	
15 Filed Nov. 20 1916 L. P. Obrock Registrar			20 UNDERTAKER Ziegler Bros. ADDRESS St. Louis	

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*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ; "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.)