

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.

1 PLACE OF DEATH

County
 Township
 or
 Village
 or
 City *St Louis*

Registration District No. *701*
 Primary Registration District No. *1008*

File No. *39144*
 Registered No. *10446*

(NO. *City Hospital* St. *73* Ward)

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

2 FULL NAME *Frank A Danner*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Sept 11 1888*
 (Month) (Day) (Year)

7 AGE *68 yrs. 2 mos. 3 ds.* If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Tobacco Merchant* (b) General nature of industry business, or establishment in which employed (or employer) *Employer*

9 BIRTHPLACE (City or town, State or foreign country) *St Louis*

PARENTS
 10 NAME OF FATHER *Wm Danner*
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Pa*
 12 MAIDEN NAME OF MOTHER *don't know*
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Kentucky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *A S Danner*
 (Address) *1523^a S 39th St*

15 Filed *Nov 15 1916* *Max B Starckoff* Registrar

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

1 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov. 14th 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.m.*

The CAUSE OF DEATH* was as follows:
Shock & Injury
(Committated Fracture of Both
Legs)
2:09 P.M. Street Railway 195th

CONTRIBUTORY *Accident*
 (Secondary) (Duration) yrs. mos. ds.

(Signed) *H. W. Fath M.D.*
11/15, 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 *4051 Pine St*

19 PLACE OF BURIAL OR REMOVAL *Valhalla Co* DATE OF BURIAL *Nov 16, 1916*

20 UNDERTAKER *Wagoner* ADDRESS *8621 Olive*

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) *Colton 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—* etc. Women at home, who are engaged of the household only (not paid *House-* receive a definite salary), may be entered *At home*, or *At school* or *At home*. be taken to report specifically the occu- persons engaged in domestic service for *Servant*, *Cook*, *Housemaid*, etc. If the has been changed or given up on account CAUSE CAUSING DEATH, state occupation at of illness. If retired from business, that 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*; *Broncho-* pneumonia ("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.)