

1 PLACE OF DEATH

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

County

Township

or

Village

or

City *St. Louis* (NO. *City Hospital* St. *8* Ward)*12879*
2 FULL NAME *Mike Spatz*Registration District No. *791* File No. *3388*Primary Registration District No. *1003* Registered No. *405*

[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
MARRIED
WIDOWED
OR DIVORCED
(Write the word)*Single*

6 DATE OF BIRTH

Dec 6 1866
(Month) (Day) (Year)

7 AGE

*50 yrs 1 mos 21 ds.*If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

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

Laborer

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

Day

9 BIRTHPLACE

(City or town, State or foreign country)

Austria

10 NAME OF FATHER

Mike Spatz Sr.

11 BIRTHPLACE OF FATHER

Austria
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

None known

13 BIRTHPLACE OF MOTHER

Austria
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Robert
City Hospital
(Address)

15

Filed *9 1917* *Marb Starkloff* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 8 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

Dec 22 1916 to *Jan 8 1917*that I last saw him alive on *Jan 7 1917*and that death occurred, on the date stated above, at *1:20 p.m.*

The CAUSE OF DEATH* was as follows:

Zero Fibrinous Pleurisy.
1103(Duration) *93* yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(Duration) *93* yrs. mos. ds.(Signed) *R. W. Kessel* M.D.*Jan 8 1917* (Address) *City Hospital*

*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 *16* yrs. *40* mos. *40* ds. In the State *40* yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence *1217 Emmett*

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Peter & Paul *Jan 10 1917*

20 UNDERTAKER

ADDRESS

Am C Moydell *1923 1/2 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.]

To _____
_____ County

_____ County there-
_____ is provided for the latter
statement; it should be used only when needed.
As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales-
man*, (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 *House-
keepers* 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 occu-
pations 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*; *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 in-
tercurrent) affection need not be stated unless im-
portant. 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 mis-
carriage, as "*PUERPERAL septicaemia*," "*PUERPERAL
peritonitis*," etc. State cause for which surgical oper-
ation was undertaken. For VIOLENT DEATHS state
MEANS OF INJURY and qualify as ACCIDENTAL, SUI-
CIDAL, OR HOMICIDAL, or as *probably* such, if impos-
sible 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 "Con-
tributory." (Recommendations on statement of
cause of death approved by Committee on Nomen-
clature of the American Medical Association.)