

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

1 PLACE OF DEATH

County St. Charles Mo.

Township " " " Registration District No. 757 File No. 7299

Village " " " Primary Registration District No. 3036 Registered No. 27

City " " " (NO. " " " St. " " " Ward)

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

2 FULL NAME Henry Middendorf

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE married
MARRIED
UNMARRIED
OR SWORNE
(Write the word)

6 DATE OF BIRTH Sept. 28th 1862
(Month) (Day) (Year)

7 AGE 54 yrs. 5 mos. 19 ds. IF LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) St. Charles, Mo.

PARENTS
10 NAME OF FATHER J. H. Middendorf
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
12 MAIDEN NAME OF MOTHER Mrs. K. Moeller
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. H. Middendorf
(Address) 714 Monroe St. St. Charles, Mo.

15 Filed Feb. 20th 1917 John A. Hammett
Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 19th 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb. 18, 1917 to Feb. 19, 1917
that I last saw him alive on Feb. 19, 1917
and that death occurred, on the date stated above, at 3:20 A.M.
The CAUSE OF DEATH* was as follows:

Urinal

16 hours (Duration)

CONTRIBUTORY (Secondary) Nephritis
(Duration) 11 yrs. 2 mo. 20 ds.
(Signed) Chas. Dech M. D.
Feb. 20, 1917 (Address) St. Charles, Mo.

*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

19 PLACE OF BURIAL OR REMOVAL Oak Grove Cemetery DATE OF BURIAL Feb. 22nd 1917

20 UNDERTAKER Steinbicker Funs. Co. ADDRESS St. Charles, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms.

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 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 *septicæmia*," "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.)

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A SUPPLEMENTARY RECORD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should start

1 PLACE OF DEATH *St. Charles*
 County *St. Charles* REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW
 Township *So So* or Village *So So* or City *So So* (NO. *157* Registration District No. *3036* File No. *27*)
 Primary Registration District No. *3036* Registered No. *27*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME *Henry Middelhoff*

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>M</i>	4 COLOR OR RACE <i>W</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED <i>M</i> (Write the word)	16 DATE OF DEATH <i>7/19/1917</i> (Month) (Day) (Year)		
6 DATE OF BIRTH <i>1880</i> (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from <i>1917</i> to <i>1917</i> , that I last saw him <i>alive on 7/19/1917</i> and that death occurred, on the date stated above, at <i>St. Charles, Mo.</i>		
7 AGE <i>37</i> yrs. mos. ds.		if LESS than 1 day... hrs. or... min?		The CAUSE OF DEATH* was as follows: <i>Chronic Interstitial Nephritis</i>	
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)			<i>1 1/2 yrs. mos. ds.</i> CONTRIBUTORY <i>Chronic Nephritis</i> (Secondary)		
9 BIRTHPLACE (City or town, State or foreign country)			(Signed) <i>Dr. S. S. Seck</i> M. D. <i>7/20/1917</i> (Address) <i>St. Charles, Mo.</i>		
PARENTS	10 NAME OF FATHER		*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)		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)		
	12 MAIDEN NAME OF MOTHER		At place of death... yrs... mos... ds. In the State... yrs... mos... ds.		
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)		Where was disease contracted if not at place of death? Former or usual residence		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____			19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____, 1917		
15 Filed <i>7/20</i> 1917 <i>T. L. ...</i> Registrar			20 UNDERTAKER _____ ADDRESS _____		

SUPPLEMENTARY RECORD

Revised United States Standard Certificate of Death

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

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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 inter-current) 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 "Asthemia," "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.)