

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

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.

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

1 PLACE OF DEATH

County
Township
or
Village
or
City St. Louis (No. 127 Delmar St. 28 Ward)

Registration District No. 701
Primary Registration District No. 1003

File No. 20500
Registered No. 5556

2 FULL NAME Ana Clotilde Roberto Brokaw

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female
4 COLOR OR RACE white
5 MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

6 DATE OF BIRTH February 27th 1942
(Month) (Day) (Year)

7 AGE 75 yrs. 2 mos. 17 ds.
If LESS than 1 day.....hrs. or.....min.?

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

9 BIRTHPLACE
(City or town, State or foreign country) Stirling Valley, New York

PARENTS
10 NAME OF FATHER William Louis Roberto
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia
12 MAIDEN NAME OF MOTHER Anna Roberto
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) New York City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. M. Alexander
(Address) 4329 Delmar Ave.

15 Filed 3 1917 Mar 6 Starkloff
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 17, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 1915 to May 17, 1917
that I last saw her alive on May 17, 1917
and that death occurred, on the date stated above, at St. L. Mo.

The CAUSE OF DEATH* was as follows:

Heart attack carcinoma
4 1/2
5 1/2

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY Previous uterine carcinoma
(Secondary)

(Duration) 2 yrs. 6 mos. ds.

(Signed) Wm. M. Alexander M. D.
May 17, 1917 (Address) 4329 Delmar Ave

*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 1 yrs. 5 mos. 17 ds. In the St State Mo. yrs. mos. ds.
Where was disease contracted St. Louis
if not at place of death?
Former or usual residence St. Louis

19 PLACE OF BURIAL OR REMOVAL Bellvue Cemetery DATE OF BURIAL May 19, 1917

20 UNDERTAKER M. H. Alexander ADDRESS 2635 Collins

Dr. Mary H. McLean

Revised United States Standard Certificate of Death

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

5843

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The statement applies to each and every person, irrespective of sex.

For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Teacher*, *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 the nature of the business or industry, and therefore an additional line is provided for the latter purpose; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*.

Material worked on may form part of the second line. Never return "Laborer," "Foreman," "Teacher," "Dealer," etc., without more precise designation, as *Day laborer*, *Farm laborer*, *Laborer—mechanic*, etc. Women at home, who are engaged in duties of the household only (not paid *Housework*), receive a definite salary, may be entered as *wife*, *Housework*, or *At home*, and children, fully employed, as *At school* or *At home*. It should be taken to report specifically the occupation of persons engaged in domestic service for *Servant*, *Cook*, *Housemaid*, etc. If the person has been changed or given up on account of disease causing death, state occupation at time 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 as "Asthemia," "Anaemia" (merely say "Atrophy," "Collapse," "Coma," "Debility" ("Congenital," "Senile," etc.), "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.)