

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 Jefferson
Township Johnson
or
Village Festis
or
City Festis

Registration District No. 421File No. 35500Primary Registration District No. 4249Registered No. 122(NO. St. Ward)

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

2 FULL NAME

Patrick Lambert

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH Oct 10 1887
(Month) (Day) (Year)

7 AGE 60 yrs. mos. 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) Saloon Porter

9 BIRTHPLACE Do not know
(City or town, State or foreign country)

PARENTS
10 NAME OF FATHER no Lambert
11 BIRTHPLACE OF FATHER Do not know
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Mary Jones
13 BIRTHPLACE OF MOTHER Do not know
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J Mary Funk
20 South 4th and
(Address) St. Louis Mo.

15 Filed Oct. 19 1917 J. E. Riddle
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 10 1917
(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 m.

The CAUSE OF DEATH* was as follows:
Crown Cose (berdick)
Heart Failure and Effusion
189
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Signed) J. A. Parker M. D.
Oct 10 1917 (Address) Adm Hill 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 St. Louis Mo DATE OF BURIAL 10-11-1917

20 UNDERTAKER St. Louis Mo ADDRESS

Revised United States Standard Certificate of Death

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



STATE

JEFFERSON

To

Occupation.—Precise statement of important, so that the relative pursuits may be known. The name of each and every person, irrespective of occupation, a single word or term may be sufficient, e. g., *Farmer* or *Compositor*, *Architect*, *Locomotive Engineer*, *Stationary fireman*, etc. But in industrial employments, (a) the kind of work and also business or industry, and therefore is provided for the latter to be used only when needed. *Miner*, (b) *Cotton mill*; (a) *Sales Foreman*, (b) *Automobile factory*. It may form part of the second turn "*Laborer*," "*Foreman*," etc., without more precise statement. *Laborer*, *Farm laborer*, *Laborer—born at home*, who are engaged in household only (not paid *Household* definite salary), may be entered as *At work*, or *At home*, and children, as *At school* or *At home*. To report specifically the occupation engaged in domestic service for *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*, *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.)