

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

1 PLACE OF DEATH

County

Township

Village

City

Registration District No.

Primary Registration District No.

(NO. 6007 Columbia Ave St. M. Ward)

791

File No.

1003

Registered No.

42810

11647

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

2 FULL NAME

Richard Eitman

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 14 1840
(Month) (Day) (Year)

AGE 77 yrs 6 mos 24 ds.
If LESS than 1 day, hrs. or min.?

7 OCCUPATION Retired Broker
(a) Trade, profession or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE Germany
(City or town, State or foreign country)

10 NAME OF FATHER Herman Eitman

11 BIRTHPLACE OF FATHER Germany
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER Unknown
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. Eitman
(Address) 6007 Columbia Ave

15 Filed DEC - 9 1917
191 Max B. Staroboff Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 8 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from August 1917 to Dec 8th 1917
that I last saw him alive on Dec 8th 1917
and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:
Hemorrhage due to carcinoma of stomach in my judgement

97 40 (Duration) yrs 8 mos ds.

CONTRIBUTORY (Secondary) Anteriorly (Duration) 2 yrs mos ds.

(Signed) J. Meredith M. D.
12-9-17 1917 (Address) 47302 Payne

*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 No Crematory
DATE OF BURIAL Dec 10 1917

20 UNDERTAKER Alexeent Schma Vanden...
ADDRESS 717 B.

Y. PHYSICIANS OCCUPATION is very important. N. CAUSE carefully at it may

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*, *Composer*, *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, 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.)

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

REGISTRARS SHALL NOT RECEIVE
A FEE FOR CERTIFICATES UNTIL THEY
ARE COMPLETED AS PRESCRIBED BY
LAW

1 PLACE OF DEATH

County
 Township or Village or City (NO. St. Ward)
 Registration District No. File No.
 Primary Registration District No. Registered No.

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

2 FULL NAME *Richard Estman*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **4 COLOR OR RACE** **5 SINGLE** **MARRIED** **WIDOWED** **OR DIVORCED** (Write the word)
6 DATE OF BIRTH *May 1844 1842*
 (Month) (Day) (Year)
7 AGE *75* yrs. *6* mos. *24* ds. If LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION
 Trade, profession, or regular kind of work
 General nature of industry, business, or establishment in which employed (or employer)
9 BIRTHPLACE
 (City or town, State or foreign country)
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER
 (City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER
 (City or town, State or foreign country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 191.....
 (Month) (Day) (Year)
17 I HEREBY CERTIFY, that I attended deceased from 191..... to 191.....
 that I last saw him alive on 191.....
 and that death occurred, on the date stated above, at m.
 The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
 (Secondary)
 (Duration) yrs. mos. ds.
 (Signed) M. D.
 191..... (Address)

*State the Disease Causing Death, or, in death 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 **DATE OF BURIAL** 191.....
20 UNDERTAKER **ADDRESS**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *R. B. Feitman*
 (Address) *6007 Columbia Ave.*

15
 Filed *April 16, 1918*
G. A. G. Snowgrass
 Deputy Registrar

SUPPLEMENTARY

N.B. - Every item of information should be supplied. AGE should be stated EXACTLY. If properly classified. Exact statement of OCCUPATION should be stated.

Revised United States Standard Certificate of Death

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

42810

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