

## 1 PLACE OF DEATH

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

County .....

Township .....

Village .....

City .....

Registration District No. 791

File No. 15335

Primary Registration District No. 1003

Registered No. 3891

(NO. 2312 O'Fallon St. St. 18 Ward)

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

## 2 FULL NAME

Thomas Wisniewski

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 8<sup>th</sup> 1863 (Month) (Day) (Year)

7 AGE 55 yrs. 4 mos. 3 ds. If LESS than 1 day, hrs. or min.?

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

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

10 NAME OF FATHER Jacob Wisniewski

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

12 MAIDEN NAME OF MOTHER Don't know

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

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Wisniewski

(Address) 2312 O'Fallon St.

15 Filed APR 22 1918 1918 Max C. Starkloff Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 April 18 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April the 1<sup>st</sup>, 1918, to April the 17<sup>th</sup>, 1918, that I last saw him alive on April the 17<sup>th</sup>, 1918, and that death occurred, on the date stated above, at 8<sup>15</sup> P.M.

The CAUSE OF DEATH\* was as follows:

Carcinoma of the Stomach

40 (Duration) yrs. 8 mos. da.

CONTRIBUTORY (Secondary) not known (Duration) yrs. mos. da.

(Signed) Dr. Reinhold Resler M. D. April 18<sup>th</sup> 1918 (Address) 1452 St. 15 St.

\*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

Cemetery

## DATE OF BURIAL

April 15, 1918

## 20 UNDERTAKER

Aug. Brockland &amp; Co.

## ADDRESS

1421 N. 9 St.

# 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 "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.)

## 1 PLACE OF DEATH

County .....

Township .....

or .....

Village .....

or .....

City *St Louis, Mo* (NO. *2312* *O'Fallon St* St. *18* Ward)

## 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  
LAWRegistration District No. *791*

File No. ....

Primary Registration District No. *1003*Registered No. *3891*2 FULL NAME *Thomas Wisniewski*[If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX ..... 4 COLOR OR RACE ..... 5 SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)6 DATE OF BIRTH .....  
(Month) (Day) (Year)7 AGE ..... If LESS than  
1 day ..... hrs. or ..... min.?  
..... yrs. .... mos. .... ds.8 OCCUPATION  
(a) Trade, profession, or  
particular kind of work .....  
(b) General nature of industry  
business, or establishment in  
which employed (or employer) .....9 BIRTHPLACE  
(City or town,  
State or foreign country) .....PARENTS  
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) .....14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) .....  
(Address) .....15 Filed *APR 22 1918* *Max C Starceff*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 11* 191*8*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from  
*April 10th 1918* to *April the 11th 1918*  
that I last saw him alive on *April the 10th 1918*  
and that death occurred, on the date stated above, at *8:27 a.m.*The CAUSE OF DEATH\* was as follows:  
*Cancer of the Stomach*

..... (Duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY *not known*  
(Secondary) ..... (Duration) ..... yrs. .... mos. .... ds.(Signed) *J. Reinhold Peeler* M. D.  
*April 21st 1918* (Address) *1452 N. 15th St.*\*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 *Calvary* DATE OF BURIAL *April 15th 1918*20 UNDERTAKER *Aug Brookland & Co.* ADDRESS *1421 N. 9th St.*

# Revised United States Standard Certificate of Death

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

5657

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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 intercurrent) 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 "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.)