

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

1 PLACE OF DEATH:

County St. Louis  
Township \_\_\_\_\_  
or \_\_\_\_\_  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City St. Louis Mo. (NO. 2307 R. Morgan St. 17 Ward)

Registration District No. 791 File No. 15510  
Primary Registration District No. 1003 Registered No. 4371

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

2 FULL NAME Rebecca Allen Butler

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>African</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>Single</u>
6 DATE OF BIRTH <u>September 19, 1903</u> (Month) (Day) (Year)		
7 AGE <u>14</u> yrs. <u>7</u> mos. <u>8</u> ds.		If LESS than 1 day, ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Schoolgirl</u>		
9 BIRTHPLACE (City or town, State or foreign country) <u>St. Louis, Mo.</u>		
PARENTS	10 NAME OF FATHER <u>George Allen</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kansas City, Mo.</u>	
	12 MAIDEN NAME OF MOTHER <u>Julie Walker</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Manchester, Mo.</u>	

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>April 27, 1918</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, that I attended deceased from <u>Jan 18, 1918</u> , to <u>Mar 20, 1918</u> , that I last saw her alive on <u>Mar 20, 1918</u> , and that death occurred, on the date stated above, at <u>2 P.</u> m.
The CAUSE OF DEATH* was as follows: <u>Consumption from severe cold contracted at funeral met feet</u> (Duration) <u>3</u> yrs. <u>12</u> ds. <u>Cold + severe cough</u>	
CONTRIBUTORY (Secondary) (Duration) <u>7</u> yrs. <u>-</u> mos. <u>-</u> ds. (Signed) <u>G. E. Addams</u> M. D. (Address) <u>2715 Franklin</u>	

\*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:

4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Emma Butler  
(Address) 2307 Rear Morgan

5 FILED APR 24 1918 191 Max C. Starckoff  
Registrar

19 PLACE OF BURIAL OR REMOVAL <u>Manchester, Mo.</u>	DATE OF BURIAL <u>4/25, 1918</u>
20 UNDERTAKER <u>Gates &amp; Memorial</u>	ADDRESS <u>4107 Broadway</u>

# 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) *Colton 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" (morely 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

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

County .....  
Township .....  
or  
Village .....  
or  
City *St. Louis* (NO. *2307 A. Morgan* Ward) .....  
Registration District No. *791* File No. ....  
Primary Registration District No. *1003* Registered No. *4371*

2 FULL NAME *Rebecca Allen Butler*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F* 4 COLOR OR RACE *B* 5 SINGLE MARRIED WIDOWED OR DIVORCED *S*  
(Write the word)

6 DATE OF BIRTH ..... 191...  
(Month) (Day) (Year)

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Apr 22 8*  
(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:

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

*Prescription from Dr. Gold Contracted at summer resort feet acute cellulitis*  
(Duration) ... yrs. ... mos. ... ds.  
*Gold & Co. Couph*

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)

CONTRIBUTORS  
(Secondary)  
(Duration) ... yrs. ... mos. ... ds.  
(Signed) *C. Addonis 2745 Franklin Ave* M. D.  
*May 7 1918* (Address) *2745 Franklin Ave*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) .....  
(Address) .....

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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? .....

15 Filed *May 13 1918* 191...  
*Max C. Starosoff*  
Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
20 UNDERTAKER ADDRESS

Satisfactory Information Supplied  
 SUPPLEMENTARY CERTIFICATE

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1510  
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 inter-  
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"Exhaustion," "Heart failure," "Haemorrhage,"  
"Inanition," "Marasmus," "Old age," "Shock,"  
"Uraemia," "Weakness," etc., when a definite dis-  
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OF INJURY and qualify as ACCIDENTAL, SUICIDAL or  
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head—homicide*; *Poisoned by carbolic acid—probably  
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skull, and consequences (e. g., *sepsis*, *tetanus*) may be  
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