

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

1 PLACE OF DEATH

County
Township
or
Village
or
City St Louis

Registration District No. 101 File No. 18503
1008
Primary Registration District No. Registered No. 4989
City St. Louis (NO. City Hospital St. 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Angeline Panzica

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 MARRIAGE STATUS Widowed
6 DATE OF BIRTH Feb 5th 1860
7 AGE 58 yrs. 3 mos. 4 ds.
8 OCCUPATION Housewife

9 BIRTHPLACE Italy
10 NAME OF FATHER Cosimo Barbera
11 BIRTHPLACE OF FATHER Italy
12 MAIDEN NAME OF MOTHER Jose Mazzarise
13 BIRTHPLACE OF MOTHER Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joe Panzica
(Address) # 932 1/2 Hickory St

15 FILED 1918 Mar 6 Starloff
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 9 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191..... to 191.....
that I last saw him alive on 1918
and that death occurred, on the date stated above, at P.M.
The CAUSE OF DEATH* was as follows:

Pneumonia Endocarditis
(Hospital)

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) Richard J. Pitt M. D.
May 10 1918 (Address) Corner

*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 432 Hickory St

19 PLACE OF BURIAL OR REMOVAL Calvary Cem. DATE OF BURIAL May 11th 1918

20 UNDERTAKER C. Schaefer ADDRESS 414 S 3rd

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 health of various pursuits can be known. The question to each and every person, irrespective of age, is his usual occupation, a single word or term on the first line should be sufficient, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, Fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or industry, and therefore an additional line is provided for statement; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Store; (a) Foreman, (b) Automobile factory.* The occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "etc.," without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women who are engaged in the duties of the household (e. g., paid *Housekeepers* who receive a definite salary), should be entered as *Housewife, Housework, or At home*, and if not gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations in which the individual is engaged in domestic service for wages, as *Servant, Housemaid, etc.* If the occupation has been changed, it should be given up on account of the DISEASE CAUSING DEATH. State occupation at beginning of illness. If removed from business, that fact may be indicated thus: *(retired, 6 yrs.)* For persons who have no occupation, whatever, write *None*.

Statement of cause of death.—Name, first, the primary CAUSING DEATH (the primary affection with respect to time and causation), using always the same term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic spinal meningitis"); *Diphtheria* (avoid use of "throat"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs, 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.)