

1 PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County *St Charles*Municipality *St Charles*Registration District No. *755*File No. *21154*

Precinct

Primary Registration District No. *5996a*Registered No. *11*

City

(NO. _____)

St. _____

Ward) _____

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

2 FULL NAME

Henry Koenig

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*4 COLOR OR RACE *White*5 SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word) *Widowed*

6 DATE OF BIRTH

April 18 1855
(Month) (Day) (Year)

7 AGE

63 yrs. 2 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(1) Trade, profession, or particular kind of work *Retired Carpenter*

(2) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country) *Augusta, Mo.*

10 NAME OF FATHER

Jos Koenig

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country) *Germany*

12 MAIDEN NAME OF MOTHER

Maria Mederjoh

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country) *Germany*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Jos Koenig*(Address) *Augusta Mo.*d. *June 21 1918* *B Mollinbrook*

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 21 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

June 9 1918 to *June 13 1918*that I last saw him alive on *June 12 1918*and that death occurred, on the date stated above, at *4:45 p.m.*

The CAUSE OF DEATH* was as follows:

*Tuberculosis of stomach and bowels**75*
31 (Duration) *8* yrs. *8* mos. *8* ds.

CONTRIBUTORY

(Secondary) (Duration) *8* yrs. *8* mos. *8* ds.(Signed) *J T Snyder* M. D.*June 21 1918* (Address) *De Paul 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 *8* yrs. *8* mos. *8* ds. In the State *8* yrs. *8* mos. *8* ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Schubersburg Mo.

DATE OF BURIAL

June 23 1918

20 UNDERTAKER

N. Wilking

ADDRESS

St Charles Mo.

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

the nature of the business or additional line is provided for use only when needed.

(b) *Cotton mill; (a) Salesman, (b) Automobile factory.* The form part of the second statement, "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.)

PHYSICIANS should state
OCCUPATION is very important.

IN RECORD