WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

1 PLACE OF DEATH

County .....

Township ..... Registration District No. 791 File No. 21954

or

Village ..... Primary Registration District No. 1003 Registered No. 6383

or

City S Louis (NO. City Hospital Ward)

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

2 FULL NAME Katie Kusiejczyk 3794

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH June (Month) Not Known (Day) 1897 (Year)

7 AGE 22 yrs. ..... mos. ..... ds.

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

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housework

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

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

PARENTS

10 NAME OF FATHER Steve Holacek

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

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not Known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C Rowan

(Address) City Hospital

15 Filed Jun 29 1918, 191 May C Starkoff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June (Month) 27 (Day) 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 23, 1918, to June 27, 1918, that I last saw her alive on June 26 1918, and that death occurred, on the date stated above, at 2:30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis (Clinical)

23A (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) 28

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

(Signed) [signature] M. D.

June 27, 1918 (Address) City Hospital

*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. 4 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence 1429 N 10

19 PLACE OF BURIAL OR REMOVAL Calvary

DATE OF BURIAL June 29, 1918

20 UNDERTAKER Aug Brockland Lee Co

ADDRESS 1421 N. 9 St.

Kuciegzyk.

Revised United States Standard Certificate of Death

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

Statement of occupation.—Precise statement of ccupation is very important, so that the relative ealthfulness of various pursuits can be known. The uestion applies to each and every person, irrespec- ive of age. For many occupations a single word or erm on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive ngineer, Civil engineer, Stationary fireman*, etc. But n many cases, especially in industrial employments, t is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and there- ore an additional line is provided for the latter tatement; it should be used only when needed. s examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Sales- nan*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second tatement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise pecification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged n the duties of the household only (not paid *House- keepers* who receive a definite salary), may be entered s *Housewife, Housework*, or *At home*, and children, ot gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occu- pations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the ccupation has been changed or given up on account f the DISEASE CAUSING DEATH, state occupation at eginning of illness. If retired from business, that act may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever rite *None.*

Statement of cause of death.—Name, first, he DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the ame 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 *septichaemia*," "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.)