

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH1 PLACE OF DEATH  
County St. Louis  
Township Carondelet  
or  
Village Koch, Mo.  
or  
CityRegistration District No. 1123 File No. 27503  
Primary Registration District No. 6248B Registered No. 522  
(No. Robert Koch Hospital St.            Ward)

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

2 FULL NAME May King

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married6 DATE OF BIRTH June 17th. 1989  
(Month) (Day) (Year)7 AGE 27 yrs. 1 mos. 28 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) Don't Know9 BIRTHPLACE  
(City or town, State or foreign country) IllinoisPARENTS  
10 NAME OF FATHER John Thevio  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) France  
12 MAIDEN NAME OF MOTHER Ellen Huff  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Koch Hospital Records  
(Address) Koch, Mo.15 Filed Aug 15 1918 L. O. Obrock  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 14th. 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from May 11th. 1918 to Aug. 14th. 1918  
that I last saw h. er alive on Aug. 14th. 1918  
and that death occurred, on the date stated above, at 1-55 m.  
The CAUSE OF DEATH\* was as follows: A.M.2 3/4 Pulmonary Tuberculosis2 3/4 (Duration) yrs. 9 mos. 3 ds.  
CONTRIBUTORY (Secondary)(Signed) C. Tillmann M. D.  
Aug. 14th. 1918 (Address) Koch, 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 yrs. 3 mos. 3 ds. In the State yrs. 0 mos. 3 ds.  
Where was disease contracted St. Louis, Mo.  
if not at place of death?  
Former or usual residence. 2302 Wash St., St. Louis, Mo.19 PLACE OF BURIAL OR REMOVAL Anatomical Board DATE OF BURIAL Aug. 21. 1918  
20 UNDERTAKER Ziegler Bros ADDRESS St. Louis

# 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, 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 symptom-atic), "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 child-birth 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 rail-way 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.)