

1 PLACE OF DEATH

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

County

Township

Village

City St Louis

Registration District No. 791

File No. 28070

Primary Registration District No. 1008

Registered No. 7910

(NO. Key 1000000 1 Ward)

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

2 FULL NAME Wm Buckman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

16 DATE OF DEATH Aug 15 1918
(Month) (Day) (Year)

6 DATE OF BIRTH Sept 17 1846
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 2 1918 to Aug 15 1918 that I last saw him alive on Aug 15 1918 and that death occurred, on the date stated above, at 10:30 P.M.

7 AGE 79 yrs. 10 mos. 29 ds. If LESS than 1 day... hrs. or... min.?

THE CAUSE OF DEATH* was as follows:
Chr. Interstitial Nephritis
120

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

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

(Duration) yrs. mos. ds.

10 NAME OF FATHER Wm Buckman Sr.

CONTRIBUTORY (Secondary) Arterial Sclerosis

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

(Duration) yrs. mos. ds.

12 MAIDEN NAME OF MOTHER Sarah Robinson

(Signed) Chas W. Kern M. D.

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) England

(Address) City 1000000

14 THE ABOVE STATEMENT IS KNOWN TO ME BY Chas W. Kern

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

(Informant) Chas W. Kern

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

(Address) City 1000000

At place of death yrs. mos. ds. 44 1/2 In the 50 State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence 5731 Bulevar

15 Filed AUG 20 1918 Max B. Starckoff Registrar

19 PLACE OF BURIAL OR REMOVAL Old Bethlem DATE OF BURIAL Aug 19 1918

20 UNDERTAKER J. J. Sochura ADDRESS 4370 Thome Ave

Exact statement of OCCUPATION is very important. Do not omit to state it, so that it may be properly classified.

Next man

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

100
20

"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.)