

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 St. Louis
 Township St. Charles Registration District No. 603 File No. 34888
 or Marion Primary Registration District No. 4357 Registered No. 55
 Village Marion
 or
 City (NO. St. Ward)
2 FULL NAME Helena Kuder

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Single

6 DATE OF BIRTH Feb 17 1915
 (Month) (Day) (Year)

7 AGE 3 yrs 8 mos 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)

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

PARENTS

10 NAME OF FATHER E J Kuder

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

12 MAIDEN NAME OF MOTHER Stella Macchiaro

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

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10/21, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 10/19, 1918, to 10/19, 1918, that I last saw her alive on 10/19, 1918, and that death occurred, on the date stated above, at 130 P.

The CAUSE OF DEATH* was as follows:
Influenza
11A
109A : 10
 (Duration) yrs. mos. 10 ds.

CONTRIBUTORY Pneumonia
 (Secondary) (Duration) yrs. mos. 5 ds.

(Signature) [Signature] M. D.
10/21, 1918 (Address) Marion

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) E J Kuder
 (Address) Marion

15 Filed 10-22, 1918 Registrar [Signature]

*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.....

19 PLACE OF BURIAL OR REMOVAL St. Charles DATE OF BURIAL 10-22, 1918

20 UNDERTAKER [Signature] ADDRESS [Signature]

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 health of various pursuits can be known. The question is to each and every person, irrespective of age. Any occupations a single word or term, on the first list will be sufficient, e. g., *Farmer or Planter, Physician, Editor, Architect, Locomotive engineer, Civil engineer, Railway fireman*, etc. But in many cases, especially in special employments, it is necessary to know (a) the nature of work and also (b) the nature of the business or industry, and therefore an additional line is provided for further statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Retail grocery*; (a) *Foreman*, (b) *Automobile factory*. The occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Teacher," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women, who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), should be entered as *Housewife, Housework*, or *At home*, and men, not gainfully employed, as *At school* or *At home*. For persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been discontinued 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: *Retired (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, peritoneum*, 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 "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "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.)