

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

1. PLACE OF DEATH *St Louis*
 County *St Louis* Registration District No. *740* File No. *3587*
 Township *Central* Primary Registration District No. *6033* Registered No. *77*
 City (No. _____) St. _____ Ward _____

2. FULL NAME *Fred Crasse Jr*
 (a) Residence No. *1321 Franklin St. St. Louis Mo* Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. *2* mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF *Loretta Spellmink Crasse*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 15th 1882*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<i>36</i>		<i>8</i>	<i>21</i>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Undertaker*
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer *L. Spellmink*

9. BIRTHPLACE (CITY OR TOWN) *St Louis Mo*
 (STATE OR COUNTRY) _____

10. NAME OF FATHER *Fred Crasse*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER *Ann Mathan*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*
 (STATE OR COUNTRY) _____

14. INFORMANT *Rudolph Crasse*
 (Address) *4408th Holly ave*

15. FILED *10/17 1918* *J. B. Bredeluth*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 5th 1918*

17. I HEREBY CERTIFY That I attended deceased from *Aug 29th 1918*, to *Oct 5th 1918*, that I last saw him alive on *Oct 5th 1918*, and that death occurred, on the date stated above, at *605 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
(duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) *Pneumonia*
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Yes*
 (Signed) *William E. Post* M. D.
 , 19 (Address) *1323 Franklin ave*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <i>St. Peter's Cemetery</i>	DATE OF BURIAL <i>10-7 1918</i>
20. UNDERTAKER <i>L. Spellmink</i>	ADDRESS <i>1321 Franklin</i>

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.

United States Standard Certificate of Death

(U. S. Census and American Public Health
Association.)

Occupation.—Precise statement of occupation, so that the relative importance of various pursuits can be known. The name of each and every person, irrespectively of the various occupations a single word or phrase will be sufficient, e. g., *Farmer* or *Farmer and Gardener*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. In the case of persons, especially in industrial employments, it is important to know (a) the kind of work done, and (b) the nature of the business or industry. An additional line is provided for the purpose, and should be used only when needed. Examples: *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Department store*; (a) *Foreman*, (b) *Automobile factory*. The name of the person worked on may form part of the statement, as *Never return "Laborer," "Foreman," "Dealer,"* etc., without more, as *Day laborer*, *Farm laborer*, *Housewife*, etc. Women at home, who are engaged in duties of the household only (not paid for their services), may receive a definite salary, may be engaged in business, or fully employed, as *At school* or *At home*. The name of persons engaged in domestic employments, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, state cause of illness. If retired from business, the cause should be indicated thus: *Farmer* (retired). For persons who have no occupation, state cause of death.

Name, first, middle, and last, and sex. Cause of death (the primary affection and causation), using always the same term for the same disease. Examples: *Measles* (the only definite synonym is *Measles*); *Diphtheria* (the only definite synonym is *Diphtheria*); *Spinal meningitis* (the only definite synonym is *Spinal meningitis*); *Diphtheria* (the only definite synonym is *Diphtheria*); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name of organ); "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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

(AVOID use of "Croup"); *Typhoid fever* (never report