

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. 30788
 or Primary Registration District No. 100: Registered No. 9052
 Village
 or St. Louis (NO. 4131 Minnesota Ave St. 13 Ward)
 City
2 FULL NAME Isabella Birkenmeier

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
6 DATE OF BIRTH <u>November 28 1917</u> (Month) (Day) (Year)		
7 AGE <u>10 3</u> yrs. mos. ds.		If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>At home</u> (b) General nature of industry business, or establishment in which employed (or employer):		
9 BIRTHPLACE (City or town, State or foreign country) <u>St. Louis Mo</u>		
PARENTS	10 NAME OF FATHER <u>Charles Birkenmeier</u>	
	11 BIRTHPLACE OF FATHER <u>St. Louis Mo</u> (City or town, State or foreign country)	
	12 MAIDEN NAME OF MOTHER <u>Marie Peschke</u>	
13 BIRTHPLACE OF MOTHER <u>St. Louis Mo</u> (City or town, State or foreign country)		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH. October 1 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from November 28 1917 to October 1 1918
 that I last saw her alive on September 30 1918
 and that death occurred, on the date stated above, at 4:30 A.M.
 The CAUSE OF DEATH* was as follows:
Hydrocephalus congenital
150 157A
 (Duration) 10 yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary)
 (Duration) — yrs. — mos. — ds.
 (Signed) Chas. F. Kotter M. D.
October 1 1918 (Address) 1910 Arsenal St.

*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 <u>St. Peter and Paul Cemetery</u>	DATE OF BURIAL <u>Oct 2 1918</u>
20 UNDERTAKER <u>J. H. Gibson & Co</u>	ADDRESS <u>2842 Meramec</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Chas. Birkenmeier
 (Address) 4131 Minnesota Ave

15
 Filed OCT - 1 1918 Mar 6 Starkoff
 Registrar

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 results can be known. The kind every person, irrespective of occupation, should use a single word or phrase sufficient, e. g., *Farmer* or *Miner*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But for industrial employments, specify the kind of work and also the industry, and there is no need to be provided for the latter unless used only when needed. (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. (b) *Laborer*, (a) *Foreman*, etc., without more precise description, such as *Farm laborer*, *Laborer—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 "Tumors" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or tercurrent) 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.)