

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

Village

City, *St. Louis Mo* (NO. *1923 Cherokee* St. *C 10* Ward)

Registration District No. *701*

Primary Registration District No. *1008*

File No. *35834*

Registered No. *9163*

2 FULL NAME

Michael Hilger

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

3 PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *June 15 1840*
(Month) (Day) (Year)

7 AGE *78 yrs 3 mos 18 ds* IF LESS than 1 day.....hrs or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Bookkeeper* (b) General nature of industry business, or establishment in which employed (or employer) *Bely Prov. Co.*

9 BIRTHPLACE (City or town, State or foreign country) *Louisville Ky*

PARENTS 10 NAME OF FATHER *Unknown* 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Unknown* 12 MAIDEN NAME OF MOTHER *Unknown* 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Unknown*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Robert S. Hilger* (Address) *1923 Cherokee St*

15 Filed *May 6 1918* *W. B. Starceoff* Registrar

4 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct 3 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *June 18 1917* to *Oct 3 1918* that I last saw him alive on *Oct 3 1918* and that death occurred, on the date stated above, at *9:20 p.m.*

The CAUSE OF DEATH* was as follows:
Pr. Int. Myocard. 100
106 B
Pr. Bronch.
Duration *1* yrs. *10* mos. *10* ds.

CONTRIBUTORY (Secondary) *Pr. Bronch.* (Duration) *1* yrs. *10* mos. *10* ds.
(Signed) *W. B. Starceoff* M. D.
Address *3rd Cherokee*

*State the Disease Causing Death, or, in death 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 *Cemetery Cent* DATE OF BURIAL *Oct 5 1918*

20 UNDERTAKER *Wm J. Robert* ADDRESS *1003 Russell*

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*, *Composer*, *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*; *pneumonia* ("Pneumonia," unqualified, is in *Tuberculosis of lungs, meninges, peritonae* *Carcinoma, Sarcoma*, etc., of..... origin; "Cancer" is less definite; avoid use of for malignant neoplasms); *Measles*; *Whoop* *Chronic valvular heart disease*; *Chronic i* *nephritis*, etc. The contributory (seconda *tercurrent*) affection need not be stated u *portant*. Example: *Measles (disease causin* *29 ds.; Bronchopneumonia (secondary)*. Never report mere symptoms or terminal oc such as "Asthenia," "Anaemia" (merely s *atic*), "Atrophy," "Collapse," "Coma," *sions*," "Debility" ("Congenital," "Senil *"Dropsy*," "Exhaustion," "Heart failure," *orrhage*," "Inanition," "Marasmus," "C *"Shock*," "Uraemia," "Weakness," etc., definite disease can be ascertained as th *Always* qualify all diseases resulting fro *birth or miscarriage*, as "PUERPERAL septi *"PUERPERAL peritonitis*," etc. State e *which* surgical operation was undertak *VIOLENT DEATHS* state MEANS OF INJURY AN *AS ACCIDENTAL, SUICIDAL, OR HOMICIDA* *probably* such, if impossible to determine c *Examples: Accidental drowning; struck* *way train—accident; Revolver wound o* *homicide; Poisoned by carbolic acid—probab* *The nature* of the injury, as fracture of s *consequences* (e. g., *sepsis, tetanus*) may *under* the head of "Contributory." (Reco *tions* on statement of cause of death app *Committee on Nomenclature of the* *Medical Association.*)