

1 PLACE OF DEATH

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

County

Township

or

Village

or

City St. Louis Mo. (NO. 1024th S Compton St. 16 Ward)Registration District No. 78File No. 35974Primary Registration District No. 1003Registered No. 93262 FULL NAME Otto L. Frutiger

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married6 DATE OF BIRTH June 17 1878
(Month) (Day) (Year)7 AGE 40 yrs. 3 mos. 20 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry business, or establishment in which employed (or employer) Grocer9 BIRTHPLACE (City or town, State or foreign country) Marine Ill10 NAME OF FATHER Jacob Frutiger11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Switzerland12 MAIDEN NAME OF MOTHER Magdaline Bauer13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Switzerland14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Amanda M. Frutiger
(Address) 1024th S Compton15 Filed OCT -9 1913 Mark Starkloff
191 Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 7th 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Oct 2, 1918, to Oct 7, 1918
that I last saw him alive on Oct 7th, 1918,
and that death occurred, on the date stated above, at 2:30 P. m.The CAUSE OF DEATH* was as follows:
Pneumonia Lobar
11A
109 10 5
(Duration) yrs. mos. ds.CONTRIBUTORY Influenza
(Secondary) (Duration) yrs. mos. ds. 8
(Signed) B. Shunklin M. D.
10/8, 1918. (Address) 1514 So. Jefferson

*State the Disease Causing Death, or, in deaths from Violent Causes, date (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 Valhalla Cem. DATE OF BURIAL Oct. 9, 191820 UNDERTAKER Wm Ambrose and Co 604 234 Manchester Ave. ADDRESS

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.

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 usefulness of various pursuits can be known. The same rule applies to each and every person, irrespective of age. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Teacher*, *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 the nature of the business or industry, and therefore an additional line is provided for the latter purpose; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. 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—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, gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations of persons engaged in domestic service for others, 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 may be indicated thus: *Farmer (retired, 6 yrs.)* or persons who have no occupation whatever, as *None*.

Statement of cause of death.—Name, first, DISEASE CAUSING DEATH (the primary affection, with respect to time and causation), using always the most accepted term for the same disease. Examples: *Prospinal 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 "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.)