

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

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1000**
 City **St. Louis, Mo.** (No. **Mo Pacific Hospital**) Registered No. **15** St. Ward)

2. FULL NAME

(a) Residence. No. **Mo Pacific Hospital** St. Ward. **Depo. Ill.**
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **about 1881**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **about 37**
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Sec. Laborer**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Mo. Pac. R.R.**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **unknown**
 (STATE OR COUNTRY)

10. NAME OF FATHER **unknown**

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

12. MAIDEN NAME OF MOTHER **unknown**

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

14. INFORMANT (Address) **Phil H. Schurz, 1600 Cal. Ave., St. Louis, Mo.**

15. FILED **Nov 6 1915** **Max E. Starkoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 17 1915**
 17. I HEREBY CERTIFY, That I attended deceased from **10/19**, 19**18**, to **10/17**, 19**18** that I last saw him alive on **10/12**, 19**18**, and that death occurred, on the date stated above, at **4 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

100 lobor pneumonia
105 10 (duration) yrs. mos. **3** ds.
 CONTRIBUTORY (SECONDARY) **Influenza epidemic**
 (duration) yrs. mos. **5** ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. **Depo. Ill**
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF
 WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS. **Clinical only**
 (Signed) **Phil H. Schurz**, M. D.
10-14, 19 8 (Address) **Mo. Pac. R.R. St. Louis Mo.**

*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 DATE OF BURIAL
St. Matthews Cem Oct 17 1915

20. UNDERTAKER ADDRESS
Peetz Bros 2739 Lafayette

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.

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) *Sales-rocery*; (a) *Foreman*, (b) *Automobile fac-*

naterial worked on may form part of the
ement. Never return "Laborer," "Fore-
anager," "Dealer," etc., without more
ification, 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 occu-
pation at beginning of illness. If retired from busi-
ness, that fact may be indicated thus: *Farmer (re-*
tired, 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; Broncho-*
pneumonia ("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 in-
tercurrent) affection need not be stated unless im-
portant. Example: *Measles* (disease causing death),
29 ds.; Branchopneumonia (secondary), *10 ds.*
Never report mere symptoms or terminal conditions,
such as "Asthenia," "Anemia" (merely symptom-
atic), "Atrophy," "Collapse," "Coma," "Convul-
sions," "Debility" ("Congenital," "Sonile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Hem-
orrhage," "Inanition," "Marasmus," "Shock,"
"Uremia," "W" definite disease can be a
Always qualify all disease
birth or miscarriage, as "
"PUERPERAL peritonitis,"

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 rail-*
way 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 undestr-
able 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, hemor-
rhage, 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.