

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

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **100**  
 City **St. Louis** (No. ....) St. .... Ward)

File No. **43630-a**  
 Registered No. **5222**

**2. FULL NAME**

**Ralph L. Smith**  
 (a) Residence. No. **41482 McG. Phersona** St. **23** Ward.  
 (Usual place of abode) (If nonresident 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 **married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Husband**  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 16<sup>th</sup> 1880**  
 7. AGE **38** YEARS **6** MONTHS **25** DAYS  
 IF LESS than 1 day, .... hrs. or .... min.

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

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

10. NAME OF FATHER **Huntlyton Smith**  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Kentucky**  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER **Lenora Grewold**  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **vermont**  
 (STATE OR COUNTRY)

14. INFORMANT **R. Smith**  
 (Address) **4326 Pine St**

15. **MAY 31 1919** FILED **May 6 Starkloff**  
 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov-11 1918**  
 17. I HEREBY CERTIFY That I attended deceased from **Nov-5**, 1918, to **Nov-11**, 1918, that I last saw him alive on **Nov-11**, 1918, and that death occurred, on the date stated above, at **11:30 a** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Influenza**  
**11A**  
**107A**  
 (duration) yrs. mos. **6** ds.

CONTRIBUTORY **Pneumonia Bronchial**  
 (SECONDARY)  
 (duration) yrs. mos. **3** ds.

18. WHERE WAS DISEASE CONTRACTED **Unknown**  
 IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....  
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) **John S. Kimbrough** M. D.  
 Address **Wall Blvd.**  
**Nov 12, 1918**

\*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 **Bellefontaine** DATE OF BURIAL **June 2, 1919**

20. UNDERTAKER **Wagoner** ADDRESS **3621 oli'**

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

J. S. Census and American Public Health Association.]

**of Occupation.**—Precise statement of very important, so that the relative of various pursuits can be known. The as to each and every person, irrespec- or many occupations a single word or it line will be sufficient, e. g., *Farmer* or *ician*, *Composer*, *Architect*, *Locomo- tivil engineer*, *Stationary fireman*, etc. ases, especially in industrial employ- cessary to know (a) the kind of work ie nature of the business or industry, an additional line is provided for the t; it should be used only when needed. (a) *Spinner*, (b) *Cotton mill*; (a) *Sales- ry*; (a) *Foreman*, (b) *Automobile fac- erial worked on* may form part of the ent. Never return "Laborer," "Fore- ger," "Dealer," etc., without more ation, as *Day laborer*, *Farm laborer*, *mine*, etc. Women at home, who are duties of the household only (not paid ho receive a definite salary), may be *usewife*, *Housework* or *At home*, and ainfully employed, as *At school* or *At ould be taken to report specifically is of persons engaged in domestic ges, as *Servant*, *Cook*, *Housemaid*, etc.*

If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupa- tion 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 *Ncne*.

**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 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 symptom- atic), "Atrophy," "Collapse," "Coma," "Convul- sions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hem- orrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child- birth 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 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 undesir- 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.