

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 St. Louis
Township CARONDELET
or
Village
or
City (MOUNT ST. ROSE HOSPITAL, Ward)

Registration District No. 1123 File No. 48447
Primary Registration District No. 6248E Registered No. 850

2 FULL NAME Lister M. Maxelinda (Teresa Bleile)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR OR RACE** White **5 SINGLE MARRIED WIDOWED OR DIVORCED** Single
(Write the word)

6 DATE OF BIRTH October 24 1883
(Month) (Day) (Year)

7 AGE 35 yrs. 1 mos. 15 ds. **If LESS than 1 day**..... hrs. or..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Trained Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) Lister

9 BIRTHPLACE (City or town, State or foreign country) Germany

PARENTS
10 NAME OF FATHER Joseph Bleile
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
12 MAIDEN NAME OF MOTHER Katherina Steiert
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Caroline Schlenker
(Address) Mt. St. Rose Hospital

15 DEC 14 1918 L. C. Obrock, M.D.
Filed 1918 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 8 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from December 1, 1918 to December 8, 1918, that I last saw her alive on December 7, 1918, and that death occurred, on the date stated above, at 6:30 A.M.
The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia
99 E 119
187A (Duration) 1 yrs. 8 mos. 8 ds.
CONTRIBUTORY Mitral Insufficiency
(Secondary) (Duration) 1 yrs. 1 mos. 1 ds.
(Signed) Caroline Schlenker M. D.
Dec. 8 1918 (Address) 1123 11th St. St. Louis

*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 1 yrs. 1 mos. 1 ds. In the 10 yrs. 1 mos. 1 ds.
State 10 yrs. 1 mos. 1 ds.
Where was disease contracted at residence
if not at place of death?
Former or usual residence Mt. St. Rose Hospital, Helen Co., Mo.

19 PLACE OF BURIAL OR REMOVAL St. Peter & Pauls **DATE OF BURIAL** Dec. 10, 1918

20 UNDERTAKER Southern Co **ADDRESS** 1315 So B Dewey

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 industrial employments, kind of work and also or industry, and there-
provided for the latter d only when needed.

(a) *Cotton mill; (a) Sales-*
(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; Broncho-pneumonia* ("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 child-birth 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.)