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

13500

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4193

Township ..... Primary Registration District No. 10[illegible] Registered No. .....

City St Louis (No. St Anthony's Hosp. St. ..... Ward)

2. FULL NAME Anna Stahlberg

(a) Residence. No. 4373 Page St. NY 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 Female

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) Jan 25-1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	3	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Steelville
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Chas. D Stahlberg

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

12. MAIDEN NAME OF MOTHER Louise E Lange

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

14. INFORMANT O D Stahlberg
(Address) Phoenix, Ariz.

15. FILED ....., 19.... Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1921

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1921, to May 16, 1921, that I last saw her alive on May 15, 1921, and that death occurred, on the date stated above, at 1:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of gall Bladder

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) 133 B

uraemia (duration) — yrs. — mos. 4 ds.

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

DID AN OPERATION PRECEDE DEATH? NO. DATE OF .....

WAS THERE AN AUTOPSY? NO.

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. S. Luton M. D

, 19 (Address) Metropolitan Bl

*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 Steelville Ill

DATE OF BURIAL May 17 1921

20. UNDERTAKER Aaron L Ulrich

ADDRESS 2707 N. Grand

evised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of upation is very important, so that the relative lthfulness of various pursuits can be known. The stion applies to each and every person, irrespec- of age. For many occupations a single word or m on the first line will be sufficient, e. g., *Farmer* or *nter, Physician, Compositor, Architect, Locomo- engineer, Civil engineer, Stationary fireman*, etc. t in many cases, especially in industrial employ- nts, it is necessary to know (*a*) the kind of work also (*b*) the nature of the business or industry, therefore an additional line is provided for the er statement; it should be used only when needed. examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Sales- n*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile fac- y*. The material worked on may form part of the ond statement. Never return "Laborer," "Fore- n," "Manager," "Dealer," etc., without more cise specification, as *Day laborer, Farm laborer, borer—Coal mine*, etc. Women at home, who are aged in the duties of the household only (not paid *usekeepers* who receive a definite salary), may be ered as *Housewife, Housework* or *At home*, and ldren, not gainfully employed, as *At school* or *At me*. Care should be taken to report specifically occupations of persons engaged in domestic vice for wages, as *Servant, Cook, Housemaid*, etc. the occupation has been changed or given up on ount of the DISEASE CAUSING DEATH, state occu- ion at beginning of illness. If retired from busi- s, that fact may be indicated thus: *Farmer (re- d, 6 yrs.)* For persons who have no occupation atever, write *None*.

Statement of cause of Death.—Name, first, DISEASE CAUSING DEATH (the primary affection th respect to time and causation), using always the ne accepted term for the same disease. Examples: *rebrospinal fever* (the only definite synonym is pidemic cerebrospinal meningitis"); *Diphtheria* roid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("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 symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth 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 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.)

NOTE.—Individual offices may add to above list of undesirable 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, hemorrhage, 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.