

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

19492

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
 Township..... Primary Registration District No..... Registered No.....  
 City St. Louis (No. St. Johns Hospital St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 6164 Pershing St., W 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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF I da M Rich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 11 30

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Dry Goods Salesman  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer Careem D. G. Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

10. NAME OF FATHER unknown Rich

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

12. MAIDEN NAME OF MOTHER Rachel Ash

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

14. INFORMANT I da M Rich  
 (Address) 6164 Pershing Ave

15. FILED max b. Starkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 19 21

17. I HEREBY CERTIFY, That I attended deceased from July 31, 1921, to July 31, 1921, that I last saw him alive on July 31, 1921, and that death occurred, on the date stated above, at 8 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Hypostatic Pneumonia

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) Charles S. Guberman, M. D.  
8/1, 1921 (Address) 216-217 University Club Bldg.

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\*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

Bellefontaine Ave Aug 3 1921

20. UNDERTAKER

ADDRESS

Albert Haral 2320 Union

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.

# United States Standard Certificate of Death

pneumonia;  
 unqualified, is in-  
 ges, peritone  
 .....(1  
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 asles, Whoopi  
 e; Chronic i  
 ory (seconda  
 be stated u:

ved by U. S. Census and American Public Health Association.)

atement of Occupation.—Precise statement of  
 (secondary) ation is very important, so that the relative  
 or terminal co-fulness of various pursuits can be known. The  
 (merely sy-on applies to each and every person, irrespec-  
 "Coma," if age. For many occupations a single word or  
 tal," "Senile" the first line will be sufficient, e. g., *Farmer* or  
*er, Physician, Composer, Architect, Locomo-*  
*asmus," "Ongineer, Civil Engineer, Stationary Fireman, etc.*  
 ness," etc., o many cases, especially in industrial employ-  
 tained as th, it is necessary to know (a) the kind of work  
 resulting fro-also (b) the nature of the business or industry,  
 ERPERAL sep-herfore an additional line is provided for the  
 s. State ca-statement; it should be used only when needed.  
 s undertaker-amples: (a) *Spinner, (b) Cotton mill; (a) Sales-*  
 F INJURY and (b) *Grocery; (a) Foreman, (b) Automobile fac-*  
 HOMICIDAL, The material worked on may form part of the  
 determine del statement. Never return "Laborer," "Fore-  
 ing; struck ; "Manager," "Dealer," etc., without more  
 wound of e specification, as *Day laborer, Farm laborer,*  
*cid—probably—Coal mine, etc.* Women at home, who are  
 racture of s-ged in the duties of the household only (not paid  
 nus), may b-keepers who receive a definite salary), may be  
 ry." (Recon-ed as *Housewife, Housework or At home, and*  
 death appro-ren, not gainfully employed, as *At school or At*  
 of the A- Care should be taken to report specifically  
 occupations of persons engaged in domestic  
 ice for wages, as *Servant, Cook, Housemaid, etc.*  
 ie occupation has been changed or given up on  
 unt of the DISEASE CAUSING DEATH, state occu-  
 on at beginning of illness. If retired from busi-  
 ation which gi, that fact may be indicated thus: *Farmer (re-*  
 i, 6 yrs.) For persons who have no occupation  
 h, convulsio-itever, write *None*.

Statement of Cause of Death.—Name, first,  
 DISEASE CAUSING DEATH (the primary affection  
 h respect to time and causation), using always the  
 re accepted term for the same disease. Examples:  
*rebrosplinal fever* (the only definite synonym is  
*pidemic cerebrospinal meningitis"); Diphtheria*  
 oid 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 ori-  
 gin; "Cancer" is less definite; avoid use of "Tumor"  
 for malignant neoplasma); *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.; *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," "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 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.

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 declares contain  
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 ation which gi,  
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 h, convulsio-  
 meningitis, m  
 septicemia,  
 list suggested  
 be extended  
 STATEMENT