

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

20939

1 PLACE OF DEATH

County Jefferson
Township Central
or
Village
or
City (NO. St. Ward)

Registration District No. 422 File No.
Primary Registration District No. 5577 Registered No.

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

2 FULL NAME

Louise Kaufman

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 11 1862
(Month) (Day) (Year)

7 AGE 59 yrs. 3 mos. 5 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Monroe County Ill

PARENTS

10 NAME OF FATHER Wm Shnellbeck

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

12 MAIDEN NAME OF MOTHER Henerite Spellmeyer

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8-16-21
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 7th 1921, to Aug 16 1921
that I last saw him alive on Aug 7 1921
and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:
Diabetes mellitus
nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) nephritis
(Duration) yrs. mos. ds.

(Signed) Gus E. Galt M. D.
8/16 1921 (Address) W. S. Galt

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Gus E. Galt
(Address) Heesboro mo. 1

*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 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?
Former or usual residence.

15 Filed Aug 16 1921 W. G. Galt
Registrar

19 PLACE OF BURIAL OR REMOVAL Valmier Ill DATE OF BURIAL Aug 18 1921

20 UNDERTAKER W. H. Heiligtag ADDRESS Kimmswick

Mo. R. R. # 3

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.

NAME OF EMPLOYER
 NAME OF EMPLOYEE (or name of establishment)
 GENERAL NATURE OF BUSINESS OR INDUSTRY
 TRADE, PROFESSION, OR OCCUPATION OF DECEASED
 PLACE (CITY) OR COUNTRY
 YEARS

Statement of occupation.—Precise statement of occupation is very important; so that the relative usefulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or more on the first line will be sufficient, e. g., *Farmer or Printer, 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 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. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*; a material worked on may form part of the second element. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—l mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewives* who receive a definite salary), may be entered *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, 8 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*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningea, 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 childbirth 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 carbonic 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.)