

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

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township **St. Louis** Primary Registration District No. **1003** File No. **34000**  
 City **St. Louis** (No. ....) Registered No. **9913** St. .... Ward .....

**2. FULL NAME**

*Caroline Knirsch*

(a) Residence No. **3736** *Sowa* St. **11** 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) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF *Michael Knirsch*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 12/1876*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*45 6 5*

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

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

10. NAME OF FATHER *Henry Maser*

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

12. MAIDEN NAME OF MOTHER *Not known*

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

14. INFORMANT *Michael Knirsch*  
 (Address) *3736 Sowa Ave*

15. FILED *Nov 20 1921* *Marec Starkoff* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 17 1921*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 11*, 19*21*, to *Dec 17*, 19*21*.  
 that I last saw h. *alive* on *Dec 17*, 19*21*, and that death occurred, on the date stated above, at *4:45 p.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Carcinoma of Stomach*  
*H. B.*

(duration) yrs. *6* mos. *ds.*

CONTRIBUTORY (SECONDARY) .....

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

19. DID AN OPERATION PRECEDE DEATH? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) *Chas. E. T. Smith*, M. D.  
*Dec 19, 1921* (Address) *3860 S. Bond*

\*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 *New St. Marcus* DATE OF BURIAL *12/20 1921*

20. UNDERTAKER *Swift Bros.* ADDRESS *2201 So Grand*

# Revised United States Standard Certificate of Death

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

ment of Occupation.—Precise statement of

is very important, so that the relative

ness of various pursuits can be known. The

applies to each and every person, irrespec-

For many occupations a single word or

first line will be sufficient, e. g., *Farmer* or

*Physician, Compositor, Architect, Locomo-*

*tor, Civil engineer, Stationary fireman, etc.*

in many cases, especially in industrial employ-

ment, it is necessary to know (a) the kind of work

and (b) the nature of the business or industry,

where an additional line is provided for the

purpose; it should be used only when needed.

Examples: (a) *Spinner, (b) Cotton mill; (a) Sales-*

*man, (b) Store; (a) Foreman, (b) Automobile fac-*

*tory; (a) Foreman, (b) Automobile fac-*

*tory; (a) Foreman, (b) Automobile fac-*

material worked on may form part of the

statement. Never return "Laborer," "Fore-

man," "Dealer," etc., without more

specification, as *Day laborer, Farm laborer,*

*Coal mine, etc.* Women at home, who are

engaged in the duties of the household only (not paid

for their services), should be reported as *Housewife,*

*Housework or At home, and*

gainfully employed, as *At school or At*

work. For persons engaged in domestic

occupations, as *Servant, Cook, Housemaid, etc.*

where a change has been made, the occupa-

tion should be stated as *Changed from (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) 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ment of Occupation.—Precise statement of

is very important, so that the relative

ness of various pursuits can be known. The

applies to each and every person, irrespec-

For many occupations a single word or

first line will be sufficient, e. g., *Farmer* or

*Physician, Compositor, Architect, Locomo-*

*tor, Civil engineer, Stationary fireman, etc.*

in many cases, especially in industrial employ-

ment, it is necessary to know (a) the kind of work

"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 neoplasms); 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 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.