

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

27701

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township St. Louis Primary Registration District No. 310 Registered No. 3720
 City St. Louis (No. 3720 Hebert St.) St. 5 (Ward)

2. FULL NAME

Alexander McLean
 (a) Residence. No. St. 5 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen McLean
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 | 3 | X |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter
 (b) General nature of industry, business, or establishment in which employed (or employer) retired
 (c) Name of employer

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

St. Louis
Mo.

PARENTS

10. NAME OF FATHER Archibald McLean
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland
 12. MAIDEN NAME OF MOTHER Mary Chadwick
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mrs. Jennie Martin
 (Address) 3720 1/2 Hebert St.

15. FILED Oct - 2 1922 Max & Starck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 30 1922

17. I HEREBY CERTIFY, That I attended deceased from June 8/22 to Sept 30 1922 that I last saw her alive on Sept 20 1922 and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Enteritis

120 B about 1 yrs. mos. ds. (duration)

CONTRIBUTORY (SECONDARY)

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) A. K. Klein, M. D.

*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

Friedens Cemetery

Oct. 2 1922

20. UNDERTAKER

ADDRESS

Edwin Shepard

5921 Easton

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.)

Statement of Occupation.—Precise statement of occupation is very important, so that the healthfulness of various pursuits can be questioned applies to each and every person, irrespective of age. For many occupations a single term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, 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 or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form a part of the second statement. Never return "Laborer," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household (not paid for their services), may be entered as *Housewife, Housework* or *Housekeepers* who receive a definite salary, or children, not gainfully employed, as *at home*. Care should be taken to report the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retirement, that fact may be indicated thus (*tired, 6 yrs.*) For persons who have whatever, write *None*.

Statement of Cause of Death.—State the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"; avoid use of "Croup"); *Typhoid fever*

statement of the relative importance known. The word or phrase, irrespective of age, should be used in full, e. g., *Farmer or Planter, Physician, Compositor, 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 or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form a part of the second statement. Never return "Laborer," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household (not paid for their services), may be entered as *Housewife, Housework* or *Housekeepers* who receive a definite salary, or children, not gainfully employed, as *at home*. Care should be taken to report the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retirement, that fact may be indicated thus (*tired, 6 yrs.*) For persons who have whatever, write *None*.

Name, first, last, and middle, if known; if not, give initials. State the primary affection with respect to time and causation, using the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"; avoid use of "Croup"); *Typhoid fever*

"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 neoplasma); *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.