

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

38001

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 10479
 City St. Louis (No. Hospital No. 2)..... St..... Ward.....

2. FULL NAME Isaac Brewer

(a) Residence. No. 1441 N. Francis St. 7 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Col'd 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND O.F. (OR) WIFE O.F. Cora Brewer
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt. 50
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) Common (c) Name of employer

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

10. NAME OF FATHER Not Known
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known
 12. MAIDEN NAME OF MOTHER Not Known
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Cora Brewer
 (Address) 1441 N. Francis St.

15. FILED DEC 22 1922 My G. Starckoff
 19.....
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/21 1922

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at H-45 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Shock & Injuria
(fractured skull)
Struck by Automobile
 (duration)..... yrs..... mos..... ds.
 CONTRIBUTORY (SECONDARY) Accident
7-15-22 (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Alfred A. Cook M.D.
12/22 1922 (Address) Deputy Coroner

*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 Greenwood DATE OF BURIAL Dec. 23 1922

20. UNDERTAKER Harrison McKim ADDRESS 2906 Lawton Ave

United States Standard Certificate of Death

File No.

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

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...ent of Occupation.—Precise statement of is very important, so that the relative ss of various pursuits can be known. The plies to each and every person, irrespec- For many occupations a single word or first line will be sufficient, e. g., *Farmer or ystician, Compositor, Architect, Locomo- or, Civil Engineer, Stationary Fireman, etc.* ay cases, especially in industrial employ- s necessary to know (a) the kind of work ;) the nature of the business or industry, ore an additional line is provided for the ment; it should be used only when needed.

...es: (a) *Spinner, (b) Cotton mill; (a) Sales- rocery; (a) Foreman, (b) Automobile fac-* material worked on may form part of the toment. Never return "Laborer," "Fore- tanager," "Dealer," etc., without more ecification, as *Day laborer, Farm laborer, Coal mine, etc.* Women at home, who are a the duties of the household only (not paid ers who receive a definite salary), may be s *Housewife, Housework or At home,* and not gainfully employed, as *At school or At are* should be taken to report specifically upations of persons engaged in domestic or wages, as *Servant, Cook, Housemaid, etc.* ccupation has been changed or given up on

... of the DISEASE CAUSING DEATH, state occu- at beginning of illness. If retired from busi- at fact may be indicated thus: *Farmer (re- yrs.)* For persons who have no occupation er, write *None.*

...atement of Cause of Death.—Name, first, EASE CAUSING DEATH (the primary affection spect to time and causation), using always the cepted term for the same disease. Examples: *spinal fever* (the only definite synonym is *acute cerebrospinal meningitis*"); *Diphtheria* 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 intercurrent) 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: "Certificate, 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.