

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

55071

1. PLACE OF DEATH

County..... Registration District No.....
 Township *St. Louis* Primary Registration District No.....
 City *St. Louis* (No. of City Hosp. # *2*)

File No.....
 Registered No. **10288**
 St. Ward.....

2. FULL NAME

Vene Johannes
 (a) Residence No. *2708 Mill* 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 *2* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *col.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov. 14 1924*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *1*

17. I HEREBY CERTIFY That I attended deceased from *Sept. 30*, 19*24*, to *Nov. 14*, 19*24*, that I last saw him alive on *Nov. 12*, 19*24*, and that death occurred, on the date stated above, at *9 a. m.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar. 16 1903*

THE CAUSE OF DEATH** WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 7 16

Pulmonary Tuberculosis
221 (duration) yrs. *18* mos. ds.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) *181* (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER *Sybilster Johnson*

DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

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

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER *Ellen Buckner*

WHAT TEST CONFIRMED DIAGNOSIS? *Lab. Clinical*

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

(Signed) *G. C. Jarvis* M. D.

14. INFORMANT *Amey F. Woodard*
 (Address) *City Hospital #2*

11/13, 19*24* (Address) *City Hosp #2*

*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.)

15. FILED *Nov 23 1924* *Man E. Starckoff* REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Chesterfield, Col, Bapt Nov 15 1924

20. UNDERTAKER ADDRESS
Tom Sebra der & Son Ballwin, Mo.

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 relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, 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 (b) 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. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *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, 6 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*; *pneumonia* ("Pneumonia," unqualified, is incorrect); *Tuberculosis of lungs, meninges, peritoneum*; *Carcinoma, Sarcoma, etc.*, of _____ (name of organ); "Cancer" is less definite; avoid use of _____ for malignant neoplasm); *Measles, Whooping Cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or recurrent) affection need not be stated unless important. Example: *Measles* (disease causing death 29 ds.; *Bronchopneumonia* (secondary), 10 ds.; report mere symptoms or terminal conditions as "Asthenia," "Anemia" (merely symptoms); "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Exhaustion," "Heart failure," "Hemorrhage," "Anition," "Marasmus," "Old age," "Shock," "Mia," "Weakness," etc., when a definite disease has been ascertained as the cause. Always report diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL pyemia," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state nature of INJURY and qualify as ACCIDENTAL, SELF-INFLICTED, HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental death by fall from a height; Revolver accident; Death by lightning; struck by railway train—accident; Revolver accident of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as well as the nature of the work and consequences (e. g., *sepsis, meningitis, etc.*) may be stated under the head of "Contributory causes." (Recommendations on statement of cause of death by the American Medical Association.)

NOTE.—Individual offices may add to above list of acceptable terms and refuse to accept certificates containing terms not in use in New York City states: "Occupation" will be returned for additional information which will be the following diseases, without explanation, as the cause of death: *Abortion, cellulitis, childbirth, convulsions, 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.