WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Do not use this space.

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

File No. 25006

Registered No. 273

**1. PLACE OF DEATH**

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 B

City Jefferson Barracks, Mo. U.S.V.Hospital #92 St. Ward)

**2. FULL NAME** Koering, Frederick W.

(a) Residence. No. 3858 Cottage Ave. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U.S., if of foreign birth? --- yrs. --- mos. -- ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. F.W. Koering

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28, 1874

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 51 | 4 | 17 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work City Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) City of St.Louis, Mo.
(c) Name of employer City of St.Louis, Mo.

9. BIRTHPLACE (CITY OR TOWN) St.Louis,
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Frederick G. Koering

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mathilda James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St.Louis,
(STATE OR COUNTRY) Missouri

14. INFORMANT J.E.Redman
(Address) J.E.Redman, Registrar USVHosp.#92, Jefferson Bks., Mo. Aug. 14, 1925

15. Filed Aug. 14, 1925 L. C. Obrock REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 14, 1925

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1925, to August 14, 1925 that I last saw him alive on August 14, 1925, and that death occurred, on the date stated above, at 12:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis

Obliteration of rt. kidney pelvis (duration) un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) Inflammatory cystitis with perforation of bladder wall (duration) un yrs. kn mos. own ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug. 4, 1925 & Aug. 11, 1925

WAS THERE AN AUTOPSY? YES

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, Physical & Laboratory findings

(Signed) H. W. Barker, Senior Medical Officer
Aug. 14, 1925. 19 Medical Officer in Charge, USVHosp.#92
Jefferson Barracks, Mo.

*State the DISEASE CAUSING DEATH, or if death resulted 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 Memorial Park — DATE OF BURIAL Aug 17 1925

20. UNDERTAKER A. Kron & M. Co — ADDRESS 2707 N Grand Blv.

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

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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, 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 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; 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: "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, 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.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN