

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

Do not use this space.

**31416**

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis* (No. *Josephine Hospital*)

File No.....

Registered No. *9637*

St. ....

Ward.....

**2. FULL NAME**

(a) Residence. No. *1762 Missouri* or, *3* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *40* 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 OF (OR) WIFE OF

*Stephen Lorbounek*

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

*Feb 10 - 1885*

7. AGE

YEARS *40*

MONTHS *8*

DAYS *3*

If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*House wife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

*St. Louis Mo*

(STATE OR COUNTRY)

10. NAME OF FATHER

*William Katal*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

*Cenapa*

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

*William*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

*Unknown*

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

*Stephen Lorbounek  
1762 Missouri*

15.

FILED

1925

*Oct 16 1925*

*Mabel Starkloff*

REGISTRAR

**B MEDICAL CERTIFICATE OF DEATH**

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

*Oct 13 1925*

17.

I HEREBY CERTIFY That I attended deceased from *Oct 11*, 1925, to *Oct 13*, 1925 that I last saw her alive on *Oct 12*, 1925, and that death occurred, on the date stated above, at *8:30* a.m.

THE CAUSE OF DEATH\* IS AS FOLLOWS:

*Acute Pancreatitis*

CONTRIBUTORY (SECONDARY)

*Chronic Cholecystitis*  
*Ulcer*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?

*No* DATE OF *10/15/25*

WHAT BEST CONFIRMED DIAGNOSIS?

*Acute Pancreatitis and Cholecystitis*  
*and one small gallstone*

(Signed) *William Starkloff*

1915-1925 (Address) *25114 Cedar*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE 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

*S. S. Peter & Paul*

*Oct 16 1925*

20. UNDERTAKER

*Wm. Moydell*

ADDRESS

*1926 Allen*

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

# 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 *D Farm laborer, Laborer—Coal mine*, etc. *Home*, who are engaged in the duties of *hold only* (not paid *Housekeepers* who definite salary), may be entered as *Housework* or *At home*, and children, not employed, as *At school* or *At home*. C be taken to report specifically the occer persons engaged in domestic service for *Servant, Cook, Housemaid*, etc. If the has been changed or given up on acco DISEASE CAUSING DEATH, state occupat ginning of illness. If retired from bus fact may be indicated thus: *Farmer yrs.*). For persons who have no occupi ever, write *None*.

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

"Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *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," (morely 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 definitely. Examples: *Accidental drown-by railway train—accident; Revolver wound omicide; Poisoned by carbolic acid—prob-* e. The nature of the injury, as fracture and consequences (e. g., *sepsis, tetanus*), stated under the head of "Contributory." ndations on statement of cause of death by Committee on Nomenclature of the (Medical Association.)

—Individual offices may add to above list of unde and refuse to accept certificates containing them. m in use in New York City states: "Certificates ned for additional information which give any of g diseases, without explanation, as the sole cause ortion, cellulitis, childbirth, convulsions, hemor- rone, gastritis, erysipelas, meningitis, miscarriage, rtonitis, phlebitis, pyemia, septicemia, tetanus." adoption of the minimum list suggested will work ement, and its scope can be extended at a later

DITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

*Lobar pneumonia  
Subacute  
yellow & grayish  
spots on inspection*