

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

Do not use this space.  
**3056**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Home for the Aged**)

File No. ....  
Registered No. **739** St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **3400 Grand Blvd**, St. **3** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Single**  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **abt. 1863**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**abt. 63**

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER **Dont know**

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

12. MAIDEN NAME OF MOTHER **Dont know**

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

14. INFORMANT **Agnes Ferrer** (Address) **3673 Lafayette ave**

15. FILED **21 1-26** 19... **Max G. Starckoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 20, 1926**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1926** to **Jan 20, 1926** that I last saw **her** alive on **Jan 14, 1926** and that death occurred, on the date stated above, at **1/2** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**16-7-18** **97** **Bronchial Pneumonia** **10-27**

CONTRIBUTOR (SECONDARY) **Older Sclerosis** (duration) yrs. mos. ds. **70**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH DATE **NO** WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) **Dr. S. ...** 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 **S. Peter's Paul Cemetery** DATE OF BURIAL **Jan 21 1926**

20. UNDERTAKER **J.H. Guden P.M.C.** ADDRESS **2842 ...**

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.

# United States Standard Certificate of Death

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

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative importance of various pursuits can be known. The occupation applies to each and every person, irrespectively of sex. For many occupations a single word or phrase in the first line will be sufficient, e. g., *Farmer or Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, in many cases, especially in industrial employment, it is necessary to know (a) the kind of occupation and (b) the nature of the business or industry. Therefore an additional line is provided for further statement; it should be used only when necessary. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Woolen mill*, (d) *Grocery*, (a) *Foreman*, (b) *Automotive*. The material worked on may form the second statement. Never return "Foreman," "Manager," "Dealer," etc., for more precise specification, as *Day laborer, Miner, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *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 *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 should be indicated thus: *Farmer (retired, 6 years)* for persons who have no occupation whatsoever. *None*.

**Statement of Cause of Death.**—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the accepted term for the same disease. Examples: *Scarlet fever* (the only definite synonym is *cerebrospinal meningitis*); *Diphtheria* (not *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 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"; (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "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.