JUN 25 1926

STATE OF ~~ILLINOIS~~ ORIGIN

Department of Public Health—Division of Vital Statistic

STANDARD CERTIFICATE OF DEATH 1741

Registered No. 186 (Consecutive No

1 PLACE OF DEATH

Registration Dist. No. 790

County of St Louis

(Show on line below the name of place where death occurred; give either City (or Village) or Township (or Road District), not both.)

Township, or Road District, or Village, or City, of Richmond Ht

Primary Dist. No. 6033

Street and Number, No. St. Mary's Hosp. St.; Ward, Hospital (If death occurred in hospital or institution, give its name instead of street and number)

2 FULL NAME Sterneck Infant of Joseph and Fannie

(a) Residence No. 4229 Lindell St.; Ward, (If non-resident give city or town and State)

(Usual place of abode)

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 male

4 COLOR OR RACE white

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Single

5a If married, widowed or divorced, HUSBAND of (or) WIFE of —

6 DATE OF BIRTH May (Month) 22 (Day), 1926 (Year)

7 AGE Years — Months — Days 2 If LESS than 1 day ... hrs. OR ... min.?

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town) St Louis Co

(State or Country) Mo.

PARENTS

10 NAME OF FATHER Joseph Sterneck

11 BIRTHPLACE OF FATHER

(city or town) St Louis

(State or Country) Mo.

12 MAIDEN NAME OF MOTHER Fannie Rainer

13 BIRTHPLACE OF MOTHER

(city or town) St Louis

(State or Country) Mo.

14 INFORMANT Joseph Sterneck (personal signature with pen and ink)

P. O. Address 4229 Lindell

15 Filed 5/24 1926 J. B. Sudhoff Registrar.

P. O. Address Clayton Mo

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 24 (Day) 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1926, to May 24, 1926 that I last saw him alive on May 23, 1926 and that death occurred, on the date stated above at ... m. The CAUSE OF DEATH* was as follows:

159

161A Atelectasis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Premature 35 wks.

(Duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted, if not at place of death?

161A

Was an operation performed? Date of

For what disease or injury?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard H. Fuhrmann M. D.

Address 4247 S. Grand Boulevard

Date May 24, 1926 Telephone 2109

*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act.

19 PLACE OF BURIAL OR REMOVAL Charred Shel Emath

21 DATE OF BURIAL May 24 1926

20 UNDERTAKER (personal signature with pen and ink) Herman Riedsdorf (firm name, if any)

ADDRESS 3265 Delmar

ORIGINAL WHITE FORM V. S. NO. 4 MUST BE USED. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

V. S. 4 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.

(23419—4M Bks.—11-24)

Has decedent ever served in military or naval service of U. S.?

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, eg., *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 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 neoplasms); *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," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "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. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

All deaths from "violence, casualty, or any undue means" must be referred to the coroner; A MEDICAL CERTIFICATE OF DEATH IN SUCH CASES DOES NOT COMPLY WITH THE REGISTRATION LAW OF ILLINOIS. See Section 10, Coroner's Act.

The following list of indefinite terms will not be accepted as cause of death unless explained:

Abscess—Locate and describe.
Accident—Refer to Coroner.
Albuminuria—Disease causing?
Angina—Was it scarlet fever or diphtheria?
Ascites—Disease causing?
Asphyxia—Accidental, suicidal—cause?
Asthenia—State cause.
Atrophy — Cause of — tuberculosis, syphilis?
Auto {infection, intoxication} Cause of?
Bowel trouble—Name disease; diarrhoea, dysentery, enteritis, strangulation?
Blood poisoning—State cause.
Bottle feeding—What disease resulted?
Breaking down—What disease?
Cachexia—Cancer, syphilis, tuberculosis, malarial?
Cancer—Primary location.
Cardiac {Asthenia, Debility, Failure, Weakness} Not accepted.
Collapse—From what?
Cold—Not accepted
Childbirth — Physiological, what caused death?
Cellulitis—Give location and cause.
Coma—Cause {alcoholic? opium, etc.?}
Convulsions—Cause {epileptic—puerperal? children, diarrhoea-enteritis?}
Cramps—State cause of.
Cyanosis—Cause of.
Decline—State cause of.
Debility—From what disease?
Delirium {alcoholic? traumatic?}
Dentition—Disease causing death?
Dropsy—Name disease causing.
Dyspepsia—What organic disease?
Eclampsia—State cause of convulsions.
Emphysema—State cause.
Exhaustion—State cause of.
External Violence—Refer to Coroner.
Failure of vital powers—What disease?
Feebleness—What disease?
Gastritis—State cause of.
Heart failure—See cardiac.
Hemorrhage—What part, and cause?
Inanition—Cause of?
Insolation (sunstroke)—Accidental, Coroner.
Jaundice—Disease causing?
Malnutrition—Cause of?
Marasmus—What disease?
Milk infection {diarrhoea? enteritis?}
Miscarriage—State cause of.
Nervous {exhaustion, fever, shock} State disease.
Old age—What disease?
Operation—State part and disease.
Paresis—General paralysis of the insane, or not?
Peritonitis—Cause of?
Pernicious anemia {malarial? tuberculosis? syphilis, etc.?}
Pneumonia {Broncho? Lobar? — Primary or Secondary to what?}
Pyaemia—Cause of?
Salpingitis—Cause of?
Septicaemia—Cause of?
Shock—From what?
Surgical {operation, shock} State disease.
Syncope—State cause of.
Tetanus—State cause of.
Toxemia—State cause of.
Uremia—Acute or chronic nephritis.
Weakness—What disease?