

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

Do not use this space.

10739

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1003 Registered No. 2752
 City St. Louis (No. 500 St. Kings highway) St. Ward)

2. FULL NAME Charlaine Soffer

(a) Residence. No. 5796 Westminister St. 5 Ward. (If nonresident give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 21 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-24-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 23

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 (STATE OR COUNTRY) mo.

10. NAME OF FATHER Charles Soffer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) mo.

12. MAIDEN NAME OF MOTHER Ann Fishbain

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) mo.

14. INFORMANT Medical (Address) 5008 St. Kings Highway

15. FILED 18 1938 REGISTRAR [Signature]

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-17 1938

17. I HEREBY CERTIFY, That I attended deceased from 3-16, 1938, to 3-17, 1938 that I last saw alive on 3-17, 1938, and that death occurred, on the date stated above, at 9:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
Acute Nephritis

CONTRIBUTORY (SECONDARY) Congenital Malformation of Kidneys (duration) yrs. mos. ds. 1 mos. 21 ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) George Little, M.D.
3-18, 1938 (Address) St. Louis Chedoke Hospital

*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 Chedoke Shel. Em. H. DATE OF BURIAL 3-18 1938

20. UNDERTAKER Amundeller ADDRESS 4827 Earhart Ave

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.)

DISEASE CAUSING DEATH
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 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., Bronchopn* report mere symptoms as "Asthenia," "Atrophy," "Colic," "Debility" ("Congestion"), "Exhaustion," "Hemorrhage," "Marasmus," "Weakness,"

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.