

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

7990
2361

1. PLACE OF DEATH
 County..... Registration District No. 791 File No.
 Township St. Louis Priority Registration District No. 1000B Registered No. 2361
 City St. Louis (No. NE Paul Hospital St. Ward)
 2. FULL NAME Alexander Edward Whitaker
 (a) Residence. No. #4326 Lindell St., 19 Ward. (If nonresident 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred C. Whitaker
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 - 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 15
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Piano
 (b) General nature of industry, business, or establishment in which employed (or employer) Salesman
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo
 10. NAME OF FATHER Fredrick Whitaker
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY)

14. INFORMANT Mrs Mildred Whitaker
 (Address) 4326 Lindell
 15. FILED..... 19. May 1931
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1931
 17. I HEREBY CERTIFY That I attended deceased from Feb 7 1931 to Feb 20 1931 and that I last saw him alive on Feb 20 1931, and that death occurred, on the date stated above, at 40 m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia of lobar type
41
5 (duration) yrs. mos. ds.
 CONTRIBUTORY Carcinoma of liver
 (SECONDARY) Repair pleura of lobar LIVER
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IS NOT AT PLACE OF DEATH?
 MEDIAN OPERATION PRECEDE DEATH? yes DATE OF Feb 7 1931
 WAS THERE AN AUTOPSY? not
 WHAT TEST CONFIRMED DIAGNOSIS? diagonal
 (Signed) Frank R. Thompson, M.D.
2/22 1931 (Address) 3701 Washington
 *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 Bellefontaine Cem DATE OF BURIAL Feb 23 1931
 20. UNDERTAKER C. R. Lupton ADDRESS 4149 Olive

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.

see letter attached

Frank P. Bennett
3701 Westminster

D. J. P. Jones
2111 W. 1st

9 to 12

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 *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, 8 yrs.)* For persons who have no occupation whatever, write *Ncne*.

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 ind'efinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (state 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," "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: "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.

4449 Olive Street

St. Louis

May 14th, 1931.

Dr James Stewart.
State Registrar.
Jefferson City, Mo.

Dear Dr Stewart;

I am writing you to have a birth date changed on the Death Certificate of the late

Alexander E. Whitaker.
Died Feb'y 20th, 1931.
St. Louis, Mo.

At the time we secured the information for this certificate, Mrs Whitaker was in a rather up-set state of mind and couldnt recall as to whether the year of birth was 1863 or 1864, but since has looked up the proper records and finds that the proper birth year is 1864. Therefor I request you to change the date of the year on the certificate in your files.

I am enclosing a money order for \$.50 for which please send me a certificate in this case after the correction in the year has been made. I would appreciate receiving same at your earliest convenience, and thanking you for past courtesies, I remain,

Very sincerely yours,

J. P. Lepton

RECEIVED
MAY 15 1931

THE STATE BOARD OF HEALTH
MISSOURI.

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REC'D
FEB 22 1931
JEFFERSON CITY
MISSOURI

1931
S-7990