

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

17412

1. PLACE OF DEATH
 County St. Louis Registration District No. _____ File No. _____
 Township _____ Primary Registration District No. _____ Registered No. 119
Richardson No. 6420 Clayton Road St. _____ Ward _____
W. Mary St. & 1st St.

2. FULL NAME Mathilda Schirmer
 (a) Residence, No. 404 E. Big Bend Road St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Schirmer
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15, 1862
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 10 13 0 0 0
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) Bellville, Ill.
 (STATE OR COUNTRY)
 10. NAME OF FATHER Louis Raueckelt
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Elizabeth Woisen
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Prussia
 (STATE OR COUNTRY)
 14. INFORMANT James Moll
 (Address) 2044 Maple St. St. Louis, Mo.
 15. FILED 5/30 1932 6 L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1932
 17. I HEREBY CERTIFY, That I attended deceased from 8/18/31, 1931, to May 28, 1932
 that I last saw her alive on May 27, 1932, and that death occurred, on the date stated above, at 6 a. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis
arteriosclerosis
Coronary thrombosis
 (duration) yrs. mos. da.
 18. WHERE WAS DISEASE CONTRACTED 1
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Electrocardiogram
 (Signed) B. Victor Keese, M.D.
 , 19 (Address) 17 E. Lakewood Webster
 *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 Walton Hill DATE OF BURIAL May 29 1932
 20. UNDERTAKER Funeral Home ADDRESS Bellville, Ill.

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.

WHILE PLACING WITH ONFADING INK—THIS IS A PERMANENT RECORD

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

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pation at beginning of _____ from busi-
ness, that fact may be indicated thus: *Farmer (re-*
tired, 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*; *Broncho-*
pneumonia ("Pneumonia," unqualified, is indefinite);
Tuberculosis of lungs, meninges, peritoneum, etc.,
Carcinoma, Sarcoma, etc., of (name ori-
gin; "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 in-
tercurrent) affection need not be stated unless im-
portant. Example: *Measles* (disease causing death),
29 ds.; *Bronchopneumonia* (secondary), *10 ds.*
Never report mere symptoms or terminal conditions,
such as "Asthenia," "Anemia" (merely symptom-
atic), "Atrophy," "Collapse," "Coma," "Convul-
sions," "Debility" ("Congenital," "Senile," etc.)
"Dropsy," "Exhaustion," "Heart failure," "Hem-
orrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uremia," "Weakness," etc., when a
definite disease can be ascertained as the cause.
Always qualify all diseases resulting from child-
birth 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 rail-*
way 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." (Recommend-
ations 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 undesir-
able 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, hemor-
rhage, gangrene, gastritis, cystitis, 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.