

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

745
745
722A

1 PLACE OF DEATH

County Saraguate
Township Chicago Registration District No. 302 File No. 722A
Village _____ Primary Registration District No. 6231 Registered No. _____
City _____ (NO. _____) St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Minnie Schimmeger

PERSONAL AND STATISTICAL PARTICULARS

3 SEX P 4 COLOR OR RACE White 5 SINGLE widow
MARRIED WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Apr 1 - 1869
(Month) (Day) (Year)

7 AGE 64 9 4 If LESS than 1 day, hrs. or min.?
yrs. mos. ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Oremville R2 Mo.

10 NAME OF FATHER Ernst Buehlmann

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

12 MARDEN NAME OF MOTHER Harrietta Hattacker

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Oremville Mo.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 3 1934
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 12-27-1933 to 1-3-1934, that I last saw her alive on 1-3-1934, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis

CONTRIBUTORY

(Signed) Edw. Mellier M. D.
1-6-1934 (Address) Oremville Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Schimmeger
(Address) Oremville Mo.

15 Filed 1-6-1934
Ed. Bunge Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Woodham McE County 1-7-1934
20 UNDERTAKER Wm. J. Gottenstrater ADDRESS Oremville Mo.

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.

FEB 27 1934

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, Combositor, Architect, Locomotive engineer, Civil engineer, Dry fireman*, etc. But in many cases, especially in unusual employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or occupation, and therefore an additional line is provided for a more detailed statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Store*; (a) *Foreman*, (b) *Automobile factory*. The occupation worked on may form part of the second statement. Examples: "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (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, 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, peritonaeum*, 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," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "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.)