PLACE OF DEATH				RD OF HEALT
	•		J OF VITAL S	
County		CE	RTIFICATE OF D	
Township	Registration Distr	5. No. 791	File No	3061
or ·	Negatration Distr		# .	201 4
Village	Primary Registrat	lon District No. 1003	Registered No.	381 -
city St. Louis	100 1435 A	sleavy ave.	/8 Ward)	[If death occurred
~ 1.0		• 1	waru).	 hospital or institut give its NAME ins
FULL NAME WOO	ie lel	le		of street and number
		4-/	1	
PERSONAL AND STATISTICAL F		MEDICAL CE	RTIFICATE OF D	HTAB
SEX COLOR OF RACE MARRI	ED	DATE OF DEATH	1	2.5
Geneale White GROW	ORCED Widow	X	and,	<u>/0</u> , 191
DATE OF BIRTH	the word)		(Month)	(Day) (Ye
DATE OF DIRTH	1. 1 and	"	· ^	tended deceased fr
(Month)	(Day) (Year)		2, to 2	- 10, 191_
AGE	If LESS than	that I last saw h 21 alive	on Her	<i>و</i> ج س
1 1	I day,hrs	· II	on the date stat	ed shows at 100
about 67 yrs, mos	ds. ormin.?	The CAUSE OF DEATH*		
OCCUPATION 1.A.	3	THE CAUSE OF DEATH.	MAS WE TOTTOMS:	KI.
(a) Trade, profession, or particular kind of work	ewife		<u> </u>	
(b) General nature of industry. business, or establishment in	19 1023	Chronic Mys	cardit	s with a
which employed (or employer)	11011	Chronic Pro	whit is	V Zublius
BIRTHPLACE	,	131	NV	7
(City or town," State or foreign country)	ud	Inh B	1011)- 	mos.
NAME OF O	1 3/ =	Contributory	rue to	urrsuura
FATHER Thomas	tunt	Tesphintil Durat	on)yyz	
BIRTHPLACE 1	1 .1	(8 gned)	4 MOK	eler .
Off FATHER (City or town, State or foreign country)	eland 0	011-11	Idress) /6:	37 20192
	, /	//		Charm Violent Com-
a OF MOTHER Yout	Tnow	*State the Disease Causing De (1) Heans of Injury; and (2) whether		
BIRTHPLACE		LENGTH OF RESIDENCE (FOR RECENT RESIDENTS) .	HOSPITALS, INSTI	TUTIONS, TRANSIENTS,
OF MOTHER (City or town, State or foreign country)	reland.	At place	In the	
THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE	Where was disease contracted	ds. State i	,7 F3,MQ5
Katio Ko	00.	if not atplace of death?		
(Informant)	<u>cy</u>	Former or usual residence		
(ADDRESS) 1435 C	eary Ove	PLACE OF BURIAL OR REMO	OVAL D	ATE OF BURIAL
(ADDALGO)		Coalvary		/~/3 - , 19L
JAN 10 1915 M	Starke 11	UNDERTAKER	A A A	ODRE88
Filed 191	REGISTAR	Couldon't	Koll 12	735 (ass l
	OCUIO VARIO			

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, 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 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.

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 septichaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMI-CIDAL, 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.)