

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.

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

PLACE OF DEATH

County _____

Township _____
or _____

Village _____
or _____

City St Louis Mo

Registration District No. 491

File No. 26676

Primary Registration District No. 1003

Registered No. 6875

(NO. Witches & Baker's Hours St. 11 Ward)

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

FULL NAME

Verna Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>infant</u> (Write the word)
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DATE OF BIRTH May 19, 1911
(Month) (Day) (Year)

AGE 2 yrs. 2 mos. 2 ds.
If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____ 0

BIRTHPLACE
(City or town, State or foreign country) St Louis.

PARENTS	NAME OF FATHER <u>John Brown</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>St Louis</u>
	MAIDEN NAME OF MOTHER <u>Ida Smith</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>St Louis</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. L. Mitchell

(ADDRESS) 3047 N. Taylor

Filed JUL 21 1911 May C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 1, 1911, to July 18, 1911, that I last saw her alive on July 17, 1911, and that death occurred, on the date stated above, at SA m.

The CAUSE OF DEATH* was as follows:
Marasmus
15 1/2 (Duration) yrs. 10 1/2 mos. 10 1/2 ds.

Contributory Con genital debility
(SECONDARY) (Duration) yrs. ____ mos. ____ ds.

(Signed) W. A. Whaley M. D.
July 18 1911 (Address) 1511 E. Grand

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

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. 17 ds. In the State ____ yrs. 2 mos. ____ ds.

Where was disease contracted born at Christian Hospital if not at place of death?

Former or usual residence Childrens Hospital

PLACE OF BURIAL OR REMOVAL POTTERS FIELD DATE OF BURIAL JUL 22 1911

UNDERTAKER CITY ADDRESS 5800 Arsenal

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*.

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*, *Sar-*

coma, 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.)



PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County _____ Township _____ or _____ Village _____ or _____ City St Louis

Registration District No. 791 File No. _____

Primary Registration District No. 1003 Registered No. 6875

(NO. Mother's & Babies Home, St. 21 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Verna Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OF RACE white SINGLE MARRIED infant WIDOWED OR DIVORCED (write the word)

DATE OF BIRTH May 19 1911
(Month) (Day) (Year)

AGE 2 yrs. 2 mos. 2 ds. If LESS than 1 day, hrs. or min. 2

OCCUPATION
(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country) St LouisNAME OF FATHER John BrownBIRTHPLACE OF FATHER
(City or town, State or foreign country) St LouisMAIDEN NAME OF MOTHER Eda SmithBIRTHPLACE OF MOTHER
(City or town, State or foreign country) St Louis

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. L. Mitchell
(ADDRESS) 3047 N. TaylorFiled SEP -3 1911 at St Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from July 1 1911 to July 18 1911, that I last saw her alive on July 17 1911, and that death occurred, on the date stated above, at 8 m.The CAUSE OF DEATH* was as follows:
Marasmus

Duration) _____ yrs. _____ mos. _____ ds.

Contributory Congenital debility
(SECONDARY) Duration) _____ yrs. _____ mos. _____ ds.Signed H. A. Adlemeyer M. D.
July 18 1911 (Address) 1511 E. Grand St

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

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? at Christian Hosp.Former or usual residence Childrens Hosp.PLACE OF BURIAL OR REMOVAL Olders field DATE OF BURIAL July 22 1911UNDERTAKER James Talbot ADDRESS 5800 Arsenal

Original file, date _____, 19 _____

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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coma, 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.)