

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

PLACE OF DEATH

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

County _____

Township _____

or Village _____

or City _____

Registration District No. _____

Primary Registration District No. _____

File No. _____

Registered No. _____

7911

36501

003

9529

City St. Louis (NO. 1617 N 18th)
St. 4 Ward)

FULL NAME Henry Goldstein

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED married
WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH October 27, 1911
(Month) (Day) (Year)

DATE OF BIRTH July 23, 1920
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 24, 1911, to Oct 27, 1911, that I last saw him alive on Oct 27, 1911, and that death occurred, on the date stated above, at 10.0 m.

AGE 91 yrs. 3 mos. 4 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

The CAUSE OF DEATH* was as follows:
1100 Acute Pleuritis

OCCUPATION (a) Trade, profession, or particular kind of work Retired Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) Sewing & Wells

(Duration) 9 yrs. ____ mos. ____ ds.

BIRTHPLACE (City or town, State or foreign country) Germany

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

NAME OF FATHER Chris Goldstein

(Signed) Edo Gony M. D. Oct 28 1911 (Address) 161 N. Market

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

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

MAIDEN NAME OF MOTHER Catharina Hilfe

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

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death?

(Informant) Edward Goldstein

Former or usual residence _____

(ADDRESS) 1617 N. 18th St.

PLACE OF BURIAL OR REMOVAL New Orleans DATE OF BURIAL Oct 30 1911

Filed OCT 23 1911 Max B. Starkloff REGISTRAR

UNDERTAKER Henry Ludwig ADDRESS 4417 N. Market St.

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 certificate will be sufficient, e. g., *Farmer or Planter, Compositor, Architect, Locomotive engineer,*

V. S. No. *Teacher, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to state (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 is to be used only when needed. As examples: (a) *Cotton mill; (a) Salesman, (b) Grocery;*

(b) *Automobile factory.* The material furnished may form part of the second statement. For occupations such as "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Tram car driver, Farm laborer, Laborer—Coal mine,* etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife, Housekeeper, Mother, and children,* not gainfully employed, *at home* or *At home.* Care should be taken to specify 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, peritoneum,* 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.)

