

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. 791
Primary Registration District No. 1003

File No. 43137
Registered No. 11044

(NO. 3729 Wagonford Road (Rear) : 13 Ward)

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

FULL NAME Harold J. Paglar

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR-DIVORCED <u>Single</u> <small>(Write the word)</small>
DATE OF BIRTH <u>August 15th 1911</u> <small>(Month) (Day) (Year)</small>		
AGE <u>4</u> yrs. <u>1</u> mos. <u>1</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>		

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

PARENTS	NAME OF FATHER <u>James W. Paglar</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>City</u>
	MAIDEN NAME OF MOTHER <u>Clara Bokus</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>City</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James W. Paglar
(ADDRESS) 3729 Wagonford Rd.

Filed DEC 16 1911 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 17th 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 7:00-26, 1911, to Dec 14, 1911, that I last saw him alive on Dec 14, 1911, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral Spinal Fever

(Duration) ____ yrs. ____ mos. 17 ds.
Contributory Acute Hydrocephalus
(SECONDARY)
(Duration) ____ yrs. ____ mos. 7 ds.
(Signed) Thos J. Hartford M. D.
Dec 18, 1911 (Address) 346 7th Blyle

*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?
Former or usual residence.

PLACE OF BURIAL OR REMOVAL Pickers
DATE OF BURIAL Dec 18, 1911
UNDERTAKER Hauer & Schmitt
ADDRESS 3200 S. Grand
Mo

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; ✕ 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 surgi al 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.)

Dr Hurdfort.

Boyle Mary Bud. as

8 x 9. am.



PLACE OF DEATH

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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____
 Township _____ Registration District No. 791 File No. _____
 or _____
 Village _____ Primary Registration District No. 1003 Registered No. 11044
 or _____
 City St Louis (NO. 3729 Morganford Rd, 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Harold J Peglar

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>S</u>
DATE OF BIRTH <u>Aug 15</u> , 19 <u>11</u> (Month) (Day) (Year)		
AGE yrs. <u>4</u> mos. <u>7</u> ds. if LESS than 1 day, ___ hrs. or ___ min. <u>2</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>St Louis, Mo.</u>		
PARENTS	NAME OF FATHER <u>James W. Peglar</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>St Louis, Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Dora Bokus</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>St Louis</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 26, 1911, to Dec 14, 1911, that I last saw him alive on Dec 14, 1911, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:
Acute Internal Hydrocephalus following Epidemic Cer. Spine Mening.

(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) Dep. Morganford M. D.
2-12, 1912 (Address) 346 N. Boyle

*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? _____

Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James W. Peglar
(ADDRESS) 3729 Morganford Rd

Filed 2-12, 1912 L. C. G. Snodgrass REGISTRAR
Dep.

PLACE OF BURIAL OR REMOVAL New Pickers
 DATE OF BURIAL Dec 18, 1911
 UNDERTAKER Frank Schmitt
 ADDRESS 3200 Grand

Original file, date DEC 1911 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 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 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.)