

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.

PLACE OF DEATH 60 #14

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
County St. LouisTownship BarndelshRegistration District No. 1123File No. 18194or ~~Village~~Primary Registration District No. 6248BRegistered No. 224

or

City Robert Koch Hospital

St. _____ Ward _____

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

FULL NAME Joseph Goss

PERSONAL AND STATISTICAL PARTICULARS

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

 DATE OF BIRTH October 1st, 1854
~~XXXXXXXXXX~~
 (Month) (Day) (Year)

 AGE 57 yrs. 7 mos. 24 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

 OCCUPATION (a) Trade, profession, or particular kind of work Cook

 (b) General nature of industry, business, or establishment in which employed (or employer) 3-21

 BIRTHPLACE (City or town, State or foreign country) Cincinnati, Ohio

 NAME OF FATHER Joseph Goss

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

 MAIDEN NAME OF MOTHER Annie Williams

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Hospital Record A. L. Morre
Robert Koch Hospital.
 (ADDRESS)

 MAY 28 1912 191 L. P. Chrook M. D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH May 25th, 1912
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from May 23rd, 1912, to May 25th, 1912, that I last saw him alive on May 25th, 1912, and that death occurred, on the date stated above, at 8:55 P.M. The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs.
 Contributory (Secondary) _____
 Duration _____ yrs. _____ mos. _____ ds.

 (Signed) [Signature] M. D.
May 26, 1912 (Address) Koch, Mo.

*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. 2 ds. In the 40 yrs. _____ mos. _____ ds. State _____

 Where was disease contracted St. Louis, Mo.
 If not at place of death?

 Former or usual residence 2033 Walnut St.

PLACE OF BURIAL OR REMOVAL

Patterson Field

DATE OF BURIAL

May 28 1912

UNDERTAKER

City St. Louis

ADDRESS

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*, *Composer*, *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*, *peritoneum*, etc., *Carcinoma*, *Str-*

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," "Deafity" ("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

County St. LouisTownship Leardsdelit

or

Village

or

City

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

Registration District No. 1123

File No.

Primary Registration District No. 6248B Registered No. 224(NO. Robert Koch Hosp. Ward)

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

FULL NAME Joseph Goss

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE W SINGLE - MARRIED WIDOWED OR DIVORCED S (Write the word)DATE OF BIRTH Oct. 1, 1884 (Month) (Day) (Year)AGE 57 yrs. 7 mos. 24 ds. IF LESS than 1 day, hrs. or min.OCCUPATION (a) Trade, profession, or particular kind of work Cook (b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (City or town, State or foreign country) Cincinnati, O.PARENTS NAME OF FATHER Joseph Goss.BIRTHPLACE OF FATHER (City or town, State or foreign country) Cincinnati, O.MAIDEN NAME OF MOTHER Agnes WilliamBIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital Record A.E. Moore(ADDRESS) Robert Koch Hosp.Filed May 9 - 1912 1912 S. C. Obrock, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25, 1912 (Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from May 23, 1912, to May 25, 1912, that I last saw him alive on May 25, 1912, and that death occurred, on the date stated above, at 8:58 a.m.The CAUSE OF DEATH* was as follows: Tuberculosis of lungs.(Duration) 2 yrs. mos. ds.

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

(Signed) M. J. Dwyer M. D. May 26, 1912 (Address) Koch Hos.

*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 St. Louis, Mo. If not at place of death?Former or usual residence 2033 Walnut St.PLACE OF BURIAL OR REMOVAL Potters Field DATE OF BURIAL May 28, 1912UNDERTAKER St. Louis ADDRESSOriginal file, date May 28th, 1912 All information called for must be written on this Supplementary Certificate.

WRITE PLAINLY N. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. REGISTRARS' OCCUPATION is very important.

SUPPLEMENTARY

Revised United States Standard Certificate of Death

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

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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.)

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