

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 St. Louis
Township St. Ferdinand Registration District No. 784 File No. 21064
or
Village _____ Primary-Registration District No. 6030 Registered No. 61
or
City _____ (NO. _____ St. _____ Ward _____)

FULL NAME Lillian Adela Hackmeister [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 <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> <small>(Write the word)</small>	DATE OF DEATH <u>June 4, 1912</u> <small>(Month) (Day) (Year)</small>	
DATE OF BIRTH <u>April 16, 1912</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, that I attended deceased from <u>May 1st, 1912</u> to <u>June 3, 1912</u> , and that I last saw him alive on <u>June 3, 1912</u> , and that death occurred, on the date stated above, at <u>2:30 am</u> .	
AGE <u>XX</u> yrs. <u>1</u> mos. <u>16</u> ds. <small>If LESS than 1 day, ___ hrs. or ___ min.?</small>			The CAUSE OF DEATH* was as follows: <u>Exhaustion</u> <u>want of Digestion</u> <u>198</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>DOX</u>			(Duration) <u>7</u> yrs. <u>8</u> mos. <u>10</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>St. Ferdinand Mo</u>			Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>W. H. Rines</u> M. D. (Address) <u>Flouissant</u>	
PARENTS	NAME OF FATHER <u>John Hackmeister</u>		*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 _____	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>St. Louis Co, Mo</u>			
	MAIDEN NAME OF MOTHER <u>Emma Lindeman</u>			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>St. Louis Co, Mo</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>W. H. Rines</u>			PLACE OF BURIAL OR REMOVAL <u>Black Oak Cem</u>	
(ADDRESS) <u>Flouissant</u>			DATE OF BURIAL <u>June 5, 1912</u>	
Filed <u>June 7, 1912</u> <u>J. Y. Douglas</u> REGISTRAR			UNDERTAKER <u>Charles Herman</u>	
			ADDRESS <u>St. Louis</u>	

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*, *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.)



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

PLACE OF DEATH

County St. Louis

Township St. Ferdinand

or Village

or City

Registration District No. 784

File No. 21064

Primary Registration District No. 6030

Registered No. 61

(NO. Hackmister St. Ward)

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

FULL NAME Lillian Adel Hackwater

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF DEATH June 4, 1912
(Month) (Day) (Year)

DATE OF BIRTH April 16, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 1, 1912, to June 3, 1912, that I last saw him alive on June 3, 1912, and that death occurred, on the date stated above, at 3:30 a. m.

AGE 1 yrs. 16 mos. 16 ds. If LESS than 1 day, hrs or mins

The CAUSE OF DEATH* was as follows:

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

Transition from being unable to digest food.
(Duration) yrs. mos. ds.

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

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

NAME OF FATHER John Hackwater

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

MAIDEN NAME OF MOTHER Emma Lindeman

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

(Signed) T. L. Rines M. D.
June 4, 1912 (Address) Florissant Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state 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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted If not at place of death?

(Informant) T. L. Rines

Former or usual residence

(ADDRESS) Florissant

PLACE OF BURIAL OR REMOVAL Black Creek Cem. DATE OF BURIAL June 5, 1912

Filed June 7, 1912 J. Y. Dondos REGISTRAR

UNDERTAKER Charles Herman ADDRESS St. Louis

Original file, date JUN 1, 1912

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

ERMANN

Applied, AGE should be stated EXACTLY. PHYSICIANS, midwives, properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

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