

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		
County of <u>St. Charles</u>			CERTIFICATE OF DEATH		
Township <u>St. Charles</u>			Registration District No. <u>757</u>	24000 24004	
or			Primary Registration District No. <u>3998</u>	File No. _____	
Village _____			Registered No. <u>77</u>		
or			[If death occurred in a		
City <u>St. Charles</u>			(No Emmaus Asylum for Epileptics and _____ Ward)		
FULL NAME <u>Amalia Maria Pelgen</u>			Feeble-Minded [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> (Write the word)	DATE OF DEATH <u>July</u> <u>9</u> , 19 <u>12</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>July the tenth</u> <u>1871</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 19 <u>12</u> , to <u>July 8</u> , 19 <u>12</u> ,		
AGE <u>40</u> yrs. <u>11</u> mos. <u>28</u> ds.			that I last saw h <u>er</u> alive on <u>July 8</u> , 19 <u>12</u> ,		
OCCUPATION (a) Trade, profession, or particular kind of work <u>helped at house-work</u>			and that death occurred, on the date stated above, at <u>10</u> <u>1/2</u> p.m.		
(b) General nature of industry, business, or establishment in which employed (or employer) _____			The CAUSE OF DEATH* was as follows: <u>Tuberculosis of Lungs</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Keokuk, Iowa</u>			<u>236</u> (Duration) _____ yrs. _____ mos. _____ ds.		
PARENTS	NAME OF FATHER <u>Philipp Pelgen</u>		Contributory _____ (SECONDARY)		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>		(Duration) _____ yrs. _____ mos. _____ ds.		
	MAIDEN NAME OF MOTHER <u>Barbara Lutz</u>		(Signed) <u>O. B. Kurt</u> _____ M. D.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>		July <u>9</u> , 19 <u>12</u> (Address) <u>St. Charles, Mo.</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
(Informant) <u>Rev. J. W. Frankensfeld, Jr.</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
(ADDRESS) <u>St. Charles, Mo.</u>			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
Filed <u>July 11th</u> 19 <u>12</u> <u>Thomas H. Koanauer</u> REGISTRAR			Where was disease contracted if not at place of death? _____		
			Former or usual residence _____		
			PLACE OF BURIAL OR <u>St. Charles Emmaus Cemetery, Co. Mo.</u> DATE OF BURIAL <u>July 10</u> , 19 <u>12</u>		
			UNDERTAKER <u>Steinbrinker Fun. Co.</u> ADDRESS <u>St. Charles, Mo.</u>		

Revised United States Standard Certificate of Death

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

nt of occupation.—Precise statement of occu-
very important, so that the relative health-
various pursuits can be known. The ques-
to each and every person, irrespective of
many occupations a single word or term on
e will be sufficient, e. g., *Farmer* or *Planter*,
Compositor, *Architect*, *Locomotive engineer*,
Teacher, *Stationary fireman*, etc. But in many
ially in industrial employments, it is neces-
w (a) the kind of work and also (b) the
he business or industry, and therefore an
ne is provided for the latter statement; it
sed only when needed. As examples: (a)
) *Cotton mill*; (a) *Salesman*, (b) *Grocery*;
n, (b) *Automobile factory*. The material
may form part of the second statement.
rn "Laborer," "Foreman," "Manager,"
c., without more precise specification, as
, *Farm laborer*, *Laborer—Coal mine*, etc.
ome, who are engaged in the duties of the
y (not paid *Housekeepers* who receive a
y), may be entered as *Housewife*, *House-*
home, and children, not gainfully employed,
or *At home*. Care should be taken to re-
lly the occupations of persons engaged in
rice for wages, as *Servant*, *Cook*, *House-*
the occupation has been changed or given
t of the DISEASE CAUSING DEATH, state oc-
eginning of illness. If retired from busi-
ct may be indicated thus: *Farmer* (re-
l. For persons who have no occupation
te *None*.

of cause of death.—Name, first, the
NG DEATH (the primary affection with re-
and causation), using always the same
for the same disease. Examples: *Cere-*
r (the only definite synonym is "Epidemic
meningitis"); *Diphtheria* (avoid use of
typhoid fever (never report "Typhoid
Lobar pneumonia; *Bronchopneumonia*
' unqualified, is indefinite); *Tuberculosis*
inges, *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* (dis-
ease causing death), 29 ds.; *Bronchopneumonia* (sec-
ondary), 10 ds. Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "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 under-
taken. 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 na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

