

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 <u>St. Louis</u>		Registration District No. <u>789</u>	File No. <u>10658</u>
Township <u>Central</u>		Primary Registration District No. <u>6033B</u>	Registered No. <u>379</u>
Village _____		(NO. <u>St. Vincent</u> St. Ward)	(If death occurred in a hospital or institution, give its NAME instead of street and number)
City <u>St. Louis</u>			
FULL NAME <u>Miss Minnie Witzschmann</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>	DATE OF DEATH <u>Mar. 25, 1913</u> (Month) (Day) (Year)
DATE OF BIRTH <u>July 1, 1876</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>Nov. 9th, 1912</u> , to <u>Mar 24</u> , 1913,	
AGE <u>36</u> yrs. <u>8</u> mos. <u>24</u> ds.		that I last saw her alive on <u>Mar 24th</u> , 1913,	
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> ✓		and that death occurred, on the date stated above, at <u>9:45</u> AM.	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>		The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>lob P</u> <u>Bronchial</u> <u>107 P</u>	
BIRTHPLACE (City or town, State or foreign country) <u>St. Louis</u>		(Duration) _____ yrs. _____ mos. <u>9</u> ds.	
PARENTS	NAME OF FATHER <u>Louis Witzschmann</u>	Contributory <u>Ex of thalamic gaiter</u> (SECONDARY) (Duration) <u>15</u> yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>	(Signed) <u>St. W. Sherman</u> M. D. <u>Mar 25, 1913</u> (Address) <u>3654 Dolan Ave.</u>	
	MAIDEN NAME OF MOTHER <u>Johanna Jirgenstein</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. <u>4</u> mos. <u>16</u> ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Louis Witzschmann</u>		Where was disease contracted if not at place of death? Former or usual residence <u>3839 Cook Ave.</u>	
(ADDRESS) <u>3239 Cook Ave</u>		PLACE OF BURIAL OR REMOVAL <u>Crematory</u>	DATE OF BURIAL <u>March 28, 1913</u>
Filed <u>Mar 26, 1913</u> <u>Rolla Gray</u> REGISTRAR	UNDERTAKER <u>Louis Spelring</u>		ADDRESS <u>134 Leavelle</u> <u>an</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*, *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; 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 septicæmia," "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.)



RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PLACE OF DEATH

County St. Louis
Township Central
or
Village
or
City _____ (NO. _____ St.: _____ Ward)

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

Registration District No. 789 File No. _____
Primary Registration District No. 6033B Registered No. 59

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

FULL NAME Miss Mennie Nitzchmann

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH July 7, 1876
(Month) (Day) (Year)
AGE 36 yrs 8 mos 24 ds. IF LESS than 1 day, hrs. or min.

DATE OF DEATH March 25, 1913
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Mar. 9, 1912, to Mar. 24, 1913, that I last saw her alive on March 24, 1913, and that death occurred, on the date stated above, at 9:25 a.m.

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

THE CAUSE OF DEATH* was as follows:
Pneumonia Bronchial

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

(Duration) yrs. mos. ds. 9

NAME OF FATHER Louis Nitzchmann

Contributory Exophthalmic Goiter
(SECONDARY)

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

(Signed) H. H. Hermann M. D.
9-25-1913 (Address) 254 Delaware St.

MAIDEN NAME OF MOTHER Johanna Ziegenfust

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

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

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) Louis Nitzchmann

Former or usual residence

(ADDRESS) 3839 Cook Ave.

PLACE OF BURIAL OR REMOVAL Crematory DATE OF BURIAL March 26, 1913

Filed May 12, 1913 Rolla Orney REGISTRAR

UNDERTAKER Louis Spelbrink ADDRESS 1326 Franklin

Original file date May 26, 1913 19____ 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 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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