

1 PLACE OF DEATH

County

Township

or

Village

or

City *St Louis*Registration District No. *791**1008*File No. *4389**1041*Primary Registration District No. *St. Ann's Maternity Hospital*Registered No. *10*St. *10* Ward

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

2 FULL NAME

Margaret M Bresnahan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4. COLOR OR RACE

*White*5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word) *married*

6 DATE OF BIRTH

Dec 10 1891
(Month) (Day) (Year)

7 AGE

*25 yrs. 1 mos. 11 ds.*If LESS than
1 day.....hrs.
or.....min.?

8 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*

9 BIRTHPLACE

(City or town, State or foreign country) *St Louis*

PARENTS

10 NAME OF FATHER

Patrick R. Fitzgibbon

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country) *Ireland*

12 MAIDEN NAME OF MOTHER

Nellie Dillon

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country) *Ireland*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Patrick R. Fitzgibbon(Address) *2326 McLaughlin*

15

Filed *Jan. 23 1916**Max S. Starkloff*
RegistrarMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 21 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

Jan 1 1916 to *Jan 21 1916*that I last saw her alive on *Jan 21 1916*and that death occurred, on the date stated above, at *11:35 a.m.*

The CAUSE OF DEATH* was as follows:

*Acute Septic Pneumonia**185**109B**38* (Duration) yrs. mos. *7* ds.CONTRIBUTORY *Streptococci Infection*(Secondary) *of hand*(Duration) yrs. mos. *21* ds.(Signed) *J. J. Kehoe, M. D.**Jan 22 1916* (Address) *4061 St. Louis Ave.*

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. *14* ds. In the State *25* yrs. mos. ds.Where was disease contracted if not at place of death? *4152 Labadie Ave.*Former or usual residence *4152 Labadie Ave.*

19 PLACE OF BURIAL OR REMOVAL

Calvary

DATE OF BURIAL

1-24 1916

20 UNDERTAKER

Louellen Kelly

ADDRESS

2735 Cass Ave

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.

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, 8 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*, *Sarcoma*, 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.)

1 PLACE OF DEATH

County

Township

or

Village

or

City

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

Registration District No. 791

File No.

Primary Registration District No. 1003

Registered No. 1041

(NO.)

St.

Ward)

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

2 FULL NAME

Margaret M. Bresnahan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

M.

6 DATE OF BIRTH

..... (Month) (Day) 1 (Year)

7 AGE

IF LESS than
1 day..... hrs.
or..... min.?

..... yrs. mos. ds.

8 OCCUPATION

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

9 BIRTHPLACE

(City or town,
State or foreign country)10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(City or town, State or foreign country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed: Jan 10 1916

1916

Marg. Starkloff

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 21 1916
(Month) (Day) (Year)

17

I HEREBY CERTIFY, that I attended deceased from
1916 to 1916that I last saw him..... alive on..... 1916
and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

acute septic Pneumonia
92
(Duration)..... yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Streptococci Infection of hand
due to prick of safety pin
& wound was accidental
(Duration)..... yrs. mos. ds.

(Signed)

J. J. Reese M.D.
1-22-1916 (address) 4061 St. Louis Ave*State the Disease Causing Death, or, in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.18 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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Original file, date

Jan 16, 1916

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

d EXACTLY. PHYSICIANS should state
Statement of OCCUPATION is very important.N. B.—Every item of information should be carefully supplied. A
CAUSE OF DEATH in plain terms, so that it may be properly

SUPPLEMENTARY

Revised United States Standard Certificate of Death

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

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4389
Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, 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), *29ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "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.)