

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH

County St. Charles
Township.....
or
Village.....
or
City St. Charles (NO. 1927 North 4th St. Ward)

Registration District No. 757 File No. 25547
Primary Registration District No. 3036 Registered No. 96

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

2 FULL NAME William Theodore Deville Young

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** White **5 SINGLE MARRIED WIDOWED OR DIVORCED** Single
(Write the word)

6 DATE OF BIRTH Aug 10th 1908
(Month) (Day) (Year)

7 AGE 7 yrs. 11 mos. 6 ds. If LESS than 1 day.....hrs. or.....min.?

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

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

10 NAME OF FATHER John Young
11 BIRTHPLACE OF FATHER Missouri
12 MAIDEN NAME OF MOTHER Rosa Fiedenberg
13 BIRTHPLACE OF MOTHER St. Charles Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Young
(Address) St. Charles Mo

15
Filed July 17, 1916 Chas. H. Baumsteiner
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 16th 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 15th 1916 to July 16th 1916
that I last saw ~~him~~ her alive on July 16th 1916
and that death occurred, on the date stated above, at 9 P.m.

The CAUSE OF DEATH* was as follows:
Intestinal Intussusception

122B
123A (Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY
(Secondary).....yrs.....mos.....ds.
(Signed) D. J. Jackson M. D.
7/17 1916 (Address) St. Charles

*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 St. Charles Burial Home **DATE OF BURIAL** July 17, 1916

20 UNDERTAKER H. D. Allmeier ADDRESS St. Charles Mo

2. That it may be properly classified. Exact statement of OCCUPATION, etc.

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, 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 *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.)

1 PLACE OF DEATH

St. Charles

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

Township

Registration District No. 757

File No.

Village

Primary Registration District No. 3036

Registered No. 96

City

St. Charles

NO.

St. Ward

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

2 FULL NAME

William Theodore Orville Young

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED S

16 DATE OF DEATH July 16 1916

6 DATE OF BIRTH

17 I HEREBY CERTIFY, that I attended deceased from

7 AGE

that I last saw him alive on

8 OCCUPATION

the CAUSE OF DEATH* was as follows: Intestinal Intussusception Perforation of Bowel

9 BIRTHPLACE

CONTRIBUTORY

10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER

(Signed) J. Jackson 7/17 1916 (Address) St. Charles, Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

15 Filed Oct. 23 1916 Chas. H. Koester Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

Original file, date July = 1916

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

B.—Every item of information should be carefully checked and called for in plain terms. CAUSE OF DEATH in plain terms.

SUPPLEMENTARY INFORMATION Supplied.

Revised United States Standard Certificate of Death

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

FHSSZ

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