

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**

1 PLACE OF DEATH

County
Township
or
Village
or
City: St Louis

Registration District No. 791
Primary Registration District No. 1003
(NO. 1903 Coleman St. 70 Ward)

10788
File No.
Registered No. 2547

2 FULL NAME Anna Burke

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> (Write the word)
6 DATE OF BIRTH <u>Unknown</u> 18 <u>94</u> (Month) (Day) (Year)		
7 AGE <u>77</u> yrs. — mos. — ds.		IF LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>at Home</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Ireland</u>		
PARENTS	10 NAME OF FATHER <u>Stephen Bayne</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ireland</u>	
	12 MAIDEN NAME OF MOTHER <u>Bridget McNamee</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ireland</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Stephen M Burke
(Address) 1903 Coleman st

15 Filed APR -8 1915 May C Starkloff
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 7 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 1910 to Mar 7 1918, that I last saw her alive on Mar 7 1918 and that death occurred, on the date stated above, at 11:30 p.m.

The CAUSE OF DEATH* was as follows:
apoplexy
1910 (Duration) yrs. mos. 7 mos

CONTRIBUTORY Chronic Nephritis
(Secondary) (Duration) yrs. mos. ds. 8 yrs
(Signed) Wm J A Coleman M. D.
Mar 8 1918 (Address) 618 Metropolitan Bldg

*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 Barvary **DATE OF BURIAL** 3-11 1918

20 UNDERTAKER Arthur J Donnelly **ADDRESS** 2039 Wash st

Int Bldg.

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*; *pneumonia* ("Pneumonia," unqualified, is in *Tuberculosis of lungs, meninges, peritonae*; *Carcinoma, Sarcoma*, etc., of..... origin; "Cancer" is less definite; avoid use of "for malignant neoplasms"); *Measles*; *Whooping*; *Chronic valvular heart disease*; *Chronic in*; *nephritis*, etc. The contributory (secondary, recurrent) affection need not be stated unportant. Example: *Measles* (disease causing 29 ds.; *Bronchopneumonia* (secondary), Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely sy atic), "Atrophy," "Collapse," "Coma," "Emissions," "Debility" ("Congenital," "Senile "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "O "Shock," "Uraemia," "Weakness," etc., definite disease can be ascertained as the Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL septic "PUERPERAL peritonitis," etc. State cause which surgical operation was undertaken VIOLENT DEATHS state MEANS OF INJURY AND AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL probably such, if impossible to determine d Examples: *Accidental drowning*; *struck way train—accident*; *Revolver wound of homicide*; *Poisoned by carbolic acid—probabl*. The nature of the injury, as fracture of s consequences (e. g., *sepsis, tetanus*) may be under the head of "Contributory." (Reco tions on statement of cause of death app Committee on Nomenclature of the Medical Association.)