

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 ..... Registration District No. **791** File No. **7213**  
 or .....  
 Village ..... Primary Registration District No. ..... Registered No. **1200**  
 or .....  
 City **St. Louis** (NO. **3437A** **Edwards Ave. St.**, **16** Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME **Leopold William Kagenbach**

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH **Sep 6 1905**  
 (Month) (Day) (Year)

7 AGE **13 yrs. 4 mos. 26 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. Louis**

PARENTS

10 NAME OF FATHER **August J. Kagenbach**

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

12 MAIDEN NAME OF MOTHER **Rutha Simon**

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) **Ill.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) **August J. Kagenbach**  
 (Address) **3437 Edwards Ave**

15 Filed **FEB - 2 1919** **Max B. Starkoff**  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH **Feb 1 1919**  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from **Jan. 30 1919**, to **Feb 1 1919**, that I last saw him alive on **Jan 31 1919**, and that death occurred, on the date stated above, at **3:30 a. m.**

The CAUSE OF DEATH\* was as follows:  
**Polar Pneumonia**  
**1181**  
**100**  
 (Duration) yrs. mos. **1** ds.

CONTRIBUTORY **Influenza**  
 (Secondary) (Duration) yrs. mos. **3** ds.

(Signed) **Paul W. Johnson** M. D.  
**Feb 1 1919** (Address) **1878 S. 9th**

\*State the Disease Causing Death, or, in death 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. Bruno 3574** DATE OF BURIAL **Feb 3 1919**

20 UNDERTAKER **Edolph Heide 3684 Dixie** ADDRESS

05 Dr. McLean  
2/2/19

Revised United States Standard  
Certificate of Death

MISSOURI

MISSOURI

Laboratory

OFFICE OF HEALTH

—XXX—

Public Health

Statement of the relative town. The, irrespec- ple word or Farmer or Locomotive, etc. But oylments, k and also and there- the latter n needed. (a) Sales- ible factory: the second Foreman," re precise Laborer— e engaged id House- be entered children, 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; Broncho-pneumonia* ("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 *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.)