

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

16692

1 PLACE OF DEATH  
MOUNT ST. ROSE SANATORIUM

County St. Louis County Registration District No. 1123 File No. 16692  
Township Corcoran, Longwood or Longwood Primary Registration District No. 6248 E  
Village Longwood Registered No. 169  
City Longwood (NO.          St.          Ward         )

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

2 FULL NAME Marie Witner

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

16 DATE OF DEATH May 5th 1922  
(Month) (Day) (Year)

6 DATE OF BIRTH No record of mo. or day 1904  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb. 6th 1922, to May 4th 1922, that I last saw her alive on May 4th 1922, and that death occurred, on the date stated above, at 12:45 A.M.

7 AGE 18 yrs.          mos.          ds. If LESS than 1 day          hrs. or          min.?

The CAUSE OF DEATH\* was as follows:  
**CHRONIC PULMONARY TUBERCULOSIS**

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

31 (Duration) 1 yrs. 5 mos.          ds.  
**TUBERCULOUS LARYNGITIS**

9 BIRTHPLACE (City or town, State or foreign country) Austria

CONTRIBUTORY (Secondary) (Duration) 1 yrs.          mos.          ds.

10 NAME OF FATHER Emiel Witner

(Signed) Wm. R. Hays M. D.  
May 5, 1922 (Address) MOUNT ST. ROSE SANATORIUM

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

12 MAIDEN NAME OF MOTHER Elizabeth

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

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Emiel Witner (Father)  
(Address) 3432 N. 14th Street

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death 3 mos.          ds. In the State          yrs.          mos.          ds.  
Where was disease contracted if not at place of death?  
Former or usual residence         

15 Filed May 5 1922 L. P. Obrock Registrar

19 PLACE OF BURIAL OR REMOVAL Subway Cem. DATE OF BURIAL May 8th 1922

20 UNDERTAKER Ed Koch ADDRESS 3576 Smith St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS about 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*, *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*, *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 child-birth 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.)