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

6001

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 1675

Township ..... Primary Registration District No. ..... Registered No. 1675

City St Louis Mo (No. Josephine Hospital St. ..... Ward)

2. FULL NAME Agnes Polesel Polesel

(a) Residence. No. 7608a Reilly St., 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Yes —	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Antonio Polesel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	19	6	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife 1451 1491
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knob View Mo

PARENTS

10. NAME OF FATHER Abramo Gherardini

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Elvira Vitali

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT Antonio Polesel
(Address) 7608a Reilly Av

15. FILED FEB 25 1925 19 Max C Starkroff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 9 ....., 1925, to Feb 14, 1925 that I last saw her alive on Feb 13, 1925, and that death occurred, on the date stated above, at — 6 00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Puerperal Septicemia following Caesarean Section ..... (duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Obstructed Labor normal ..... (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 146

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A A Mulach M.D

, 19 (Address) 117 N Steins St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt Hope	Feb 16 1925
20. UNDERTAKER	**ADDRESS**
Wendler Und Co	7819 Mich

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, irrespec- ge. For many occupations a single word or first line will be sufficient, e. g., *Farmer or hysician, Compositor, Architect, Locomo- eer, Civil Engineer, Stationary Fireman,* in many cases, especially in industrial em- it is necessary to know (*a*) the kind of also (*b*) the nature of the business or in- d therefore an additional line is provided er statement; it should be used only when as examples: (*a*) *Spinner*, (*b*) *Cotton mill, an*, (*b*) *Grocery*, (*a*) *Foreman*, (*b*) *Auto- ory*. The material worked on may form the second statement. Never return "Foreman," "Manager," "Dealer," etc., ore precise specification, as *Day laborer, rer, Laborer—Coal mine*, etc. Women at o are engaged in the duties of the house- (not paid *Housekeepers* who receive a alary), may be entered as *Housewife*, or *At home*, and children, not gainfully as *At school* or *At home*. Care should to report specifically the occupations of gaged in domestic service for wages, as *ook, Housemaid*, etc. If the occupation hanged or given up on account of the AUSING DEATH, state occupation at be- illness. If retired from business, that 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 neoplasm); *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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease c be ascertained as the cause. Always qualify diseases resulting from childbirth or miscarriage, "PUERPERAL *septicemia*," "PUERPERAL *peritoniti* etc. State cause for which surgical operation undertaken. For VIOLENT DEATHS state MEANS INJURY and qualify as ACCIDENTAL, SUICIDAL, 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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

IONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.