

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<u>St. Louis</u>		Registration District No.	<u>990</u>	File No. <u>6688</u>
Township	<u>Central</u>		Primary Registration District No.	<u>6033</u>	Registered No. <u>24</u>
or Village			City	(NO. _____) St. _____ Ward _____	(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME <u>Margaret R. Douglass</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>Feb - 22</u> , 19 <u>12</u> (Month) (Day) (Year)		
DATE OF BIRTH	<u>July</u> (Month) <u>10</u> (Day) <u>1832</u> (Year)		I HEREBY CERTIFY, that I attended deceased from <u>Feb 18</u> , 19 <u>12</u> , to <u>Feb 22</u> , 19 <u>12</u> , that I last saw her alive on <u>Feb 22</u> , 19 <u>12</u> , and that death occurred, on the date stated above, at <u>5 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Bronchopneumonia</u> <u>10/7/12</u> <u>11 5</u> (Duration) <u>91</u> yrs. <u>6</u> mos. <u>6</u> ds.		
AGE	<u>80</u> yrs. <u>7</u> mos. <u>12</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) <u>0-0</u>			Contributory <u>Emphysema</u> (Duration) <u>2</u> yrs. <u>about</u> mos. _____ ds.		
BIRTHPLACE (City or town, State or foreign country) <u>St. Louis Mo.</u>			Contributory (Signed) <u>R. D. Rander</u> M. D. <u>Feb 22</u> 19 <u>12</u> (Address) <u>Clayton mo</u>		
PARENTS	NAME OF FATHER	<u>John Patterson</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>St. Louis Mo</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) <u>X</u>		
	MAIDEN NAME OF MOTHER	<u>Jane Jamison</u>	At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>Mo</u>	Where was disease contracted if not at place of death? _____		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Former or usual residence _____		
(Informant) <u>Henri Chomeau</u>			PLACE OF BURIAL OR REMOVAL <u>Clayton</u>		
(ADDRESS) <u>519 Meramec Ave</u> <u>Clayton St Louis CO</u>			DATE OF BURIAL <u>2/24</u> , 19 <u>12</u>		
Filed	<u>2/22</u> , 19 <u>12</u>	<u>D. H. Eggers</u> REGISTRAR	UNDERTAKER <u>Dr. N. Lynch</u> Address <u>4229 Olive</u>		

# 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, Sar-*

*coma*, 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.)



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PLACE OF DEATH

County St Louis  
 Township Central  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 790 File No. 6688  
 Primary Registration District No. 6033a Registered No. 24

FULL NAME

Margaret R Douglas

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Widowed  
 MARRIED WIDOWED OR DIVORCED (Write the word)  
 DATE OF BIRTH July 10, 1882  
 (Month) (Day) (Year)  
 AGE 80 yrs. 7 mos. 12 ds.  
 If LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min.  
 OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 BIRTHPLACE (City or town, State or foreign country) St Louis Mo  
 NAME OF FATHER John Peterson  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) St Louis Co  
 MAIDEN NAME OF MOTHER Agnes Prinson  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22, 1912  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1912, to Feb 22, 1912,  
 that I last saw her alive on Feb 22, 1912,  
 and that death occurred, on the date stated above, at 5-0 m.  
 The CAUSE OF DEATH\* was as follows:  
Broncho pneumonia  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.  
 Contributory Emphysema  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. J. Randle M. D.  
Feb 22, 1912 (Address) Clayton Mo  
 \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted if not at place of death? \_\_\_\_\_  
 Former or usual residence \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) H. Henri Chomeau  
 (ADDRESS) 519 Meramec Ave Clayton St Louis

PLACE OF BURIAL OR REMOVAL Bellefontaine DATE OF BURIAL 2-24-12  
 UNDERTAKER Geo W Lynch ADDRESS 4229 Olive

Filed 2/23, 1912 D. J. Eggen  
 REGISTRAR

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