

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

Do not use this space.

31375

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **791**
 City *St. Louis* (No. *St. Louis Maternity Hosp.*) Ward)

2. FULL NAME

Fish, Leonard Marie
 (a) Residence, No. *7625 Shirley Dr.* St., *12* Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Paul Fish</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar 8th 1903</i>		
7. AGE	YEARS <i>30</i>	MONTHS <i>6</i>
	DAYS <i>5</i>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <i>At Home</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>San Francisco Calif.</i>		
13. NAME <i>Edgar A. Kitchley</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>San Francisco Calif.</i>		
15. MAIDEN NAME <i>Marie Fisher</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>San Francisco Calif.</i>		
17. INFORMANT <i>Paul Fish - Calif</i> (ADDRESS) <i>7625 Shirley Dr.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>San Francisco Calif</i> DATE <i>Sept 15 1933</i>		
19. UNDERTAKER <i>H. A. Duxton & Sons</i> (ADDRESS) <i>4449 Olive St</i>		
20. FILED SEP 14 1933 <i>J. Brebeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *September 13, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 12, 1933* to *Sept 13, 1933*
 I last saw h. a. alive on *Sept 12, 1933*. Death is said to have occurred on the date stated above, at *4 p. m.*
 The principal cause of death and related causes of importance were as follows:
Respirated returns following delivery
1490
1500
 Other contributory causes of importance:
Shock
 Date of onset *9/13/33*

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) *Ralph W. Hodgman* D.
 (Address) *Maternity Hospital*

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.

OCT 20 1933

MOTHER FATHER

CAUSE OF DEATH in plain text as so that it is a laboratory classification. Exact statement. OCCUPATION in plain text. Every item of a should be carefully specified. AGE should be stated EXACTLY. PHYSICIAN should state

AUG 1 8 1953

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CERTIFICATE OF DEATH**

1. PLACE OF DEATH.

County..... Registration District No. 791 File No.....
 Township..... Primary Registration District No. 1003 Registered No. 8017
 City..... (No. St. Louis Nat. Hosp) St. Ward)

2. FULL NAME Leonore Marie Fish
 (a) Residence. No. 7625 Shirley Dr St. 12 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 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 M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** M
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Paul
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-8-1903
7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
30 6 5
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (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) Calif
10. NAME OF FATHER Edgar A. Fishley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Marie Danner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Calif

14. INFORMANT Paul Fish
 (Address) 7625 Shirley Dr

15. FILED Sep 11, 1933
J. J. Braden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-13 1933
17. I HEREBY CERTIFY That I attended deceased from 9-12-33 to 9-13-33 1933
 that I last saw h. er. alive on 9-13-33, and that death occurred, on the date stated, at 4 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
ruptured uterus following delivery
CONTRIBUTORY (SECONDARY) Shock (duration) from 9-13-33 yrs. mos. ds.
from 9-13-33 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Ralph W. Snodgrass, M. D.
 , 19 (Address) 8th Nat. Hosp

*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 San Francisco, Calif **DATE OF BURIAL** 9-15 1933

20. UNDERTAKER C. R. Ruyton **ADDRESS** 4449 Olive

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

DISEASE

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; 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 can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

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, crystalas, 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.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

5-31375