

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

1 PLACE OF DEATH

County

Township

Village

City *St. Louis*

Registration District No. *791* File No. *8610*

Primary Registration District No. *1003* Registered No. *2245*

(NO. *St. Johns Hospital*, *75* Ward)

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

2 FULL NAME

Samuel A. Birch

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *unk* *857*
(Month) (Day) (Year)

7 AGE *59* yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Exec. U. S. Dist. Court*
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Mo.*

PARENTS
10 NAME OF FATHER *Samuel W. Birch*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Penn.*
12 MAIDEN NAME OF MOTHER *Rachel Sherrick*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Penn.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Frank Birch*
(Address) *Hannibal Mo.*

15 Filed *2-27-1916* 19 *Max L. Starkloff* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *February 26*, 191*6*.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended, deceased from *Jan. 9, 1916*, to *Feb. 26, 1916*, that I last saw him alive on *February 26, 1916*, and that death occurred, on the date stated above, at *11 P.* m.

The CAUSE OF DEATH* was as follows:
Prostatectomy
137
95 B
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CONTRIBUTORY (Secondary) *Acute cardiac Dilation*
(Duration) *23* yrs. mos. ds.

(Signed) *Louis J. Girner* M. D.
2-27, 191*6* (Address) *St. John's Hospital*

*State the Disease Causing Death, or, in deaths 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 *48* yrs. mos. ds. In the State *48* yrs. mos. ds.

Where was disease contracted if not at place of death?
Former or usual residence *Hannibal - Mo.*

19 PLACE OF BURIAL OR REMOVAL *Hannibal, Mo.* DATE OF BURIAL *2/27*, 191*6*

20 UNDERTAKER *Duffy Helbling* ADDRESS *4437 Easton Ave*

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.

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 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.)

PLACE OF DEATH

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

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

County _____ Township _____ or Village _____ or City St. Louis Registration District No. 791 File No. _____
Primary Registration District No. 1003 Registered No. 2245
(NO. St. Johns Hospital St.: 25 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Sample A. Birch.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF DEATH February 26, 1916
(Month) (Day) (Year)

DATE OF BIRTH X June 22, 1856
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 9, 1916, to Feb. 26, 1916

AGE X 59 yrs. 8 mos. 4 ds. If LESS than 1 day, _____ hrs. or _____ min.

that I last saw him alive on February 26, 1916, and that death occurred, on the date stated above, at 11 P. m.

OCCUPATION (a) Trade, profession, or particular kind of work Clerk U.S. Dist. Court
(b) General nature of industry, business, or establishment in which employed (or employer) _____

The CAUSE OF DEATH* was as follows:

Prostatectomy

BIRTHPLACE (City or town, State or foreign country) Mo.

(Duration) _____ yrs. _____ mos. 22 ds.

Contributory Acute Cardiac Dilatation
(SECONDARY)

(Duration) _____ yrs. _____ mos. 1 ds.

PARENTS
NAME OF FATHER Samuel W. Birch
BIRTHPLACE OF FATHER (City or town, State or foreign country) Penn.
MAIDEN NAME OF MOTHER Rachel Herrick
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn.

(Signed) Louis J. Birner M. D.
2-27 1916 (Address) St. Johns Hospital

*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. 48 ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence Hannibal Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Helen D. Birch
(ADDRESS) 904 Center St. Hannibal Mo.

PLACE OF BURIAL OR REMOVAL Hannibal Mo. DATE OF BURIAL 2/29 1916

UNDERTAKER Ruffy Hebling and Co ADDRESS 437 Easton Ave

Filed 4-27 1916 Chas. H. Snodgrass REGISTRAR

Original file, date _____, 19 _____

All information called for must be written on this Supplementary Certificate.

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.

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[Approved by U. S. Census and American Public Health
Association]

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OF
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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.)