

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

Do not use this space.

16099

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. 153  
Township Richmond 4th Primary Registration District No. 6033 Registered No. 153  
City St. Marys Hosp St. St. Marys Hosp Ward St. Marys Hosp

2. FULL NAME

Betty Jane Hewitt  
(a) Residence. No. 7278 Maryland Ward St. Marys Hosp  
(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR  
DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 1919

7. AGE YEARS MONTHS DAYS If LESS than 1  
5 5 16 day, hrs.  
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Kidergarten  
(b) General nature of industry, business, or establishment in which employed (or employer) pupil  
(c) Name of employer St. Louis Mo.

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Paul J. Hewitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ellice Resler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY)

14. INFORMANT Paul J. Hewitt  
(Address) 7278 Maryland

15. FILED 5/14 1925 J. B. Bidditt  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1925

17. I HEREBY CERTIFY That I attended deceased from May 9  
1925 to May 12 1925  
that I last saw him alive on May 12 1925 and that  
death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

myocardial shock

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH...  
1. DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 9  
2. WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) W. C. ... M. D.  
6-12-1926 (Address) 4 New ... Bldg

\*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 Walhalla Bur. DATE OF BURIAL 5/14 1925

20. UNDERTAKER W. R. Rupton ADDRESS 4449 Olive St.

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.

University of L 223  
4946 Buckingham Ct  
Forest 8822

## 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 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, 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.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

Replying to yours of December 10th 1925 regarding certificate issued in the case of Betty Jane Hewitt, enclosure received from Washington, beg leave to state that I do not know what the cause of the burn was, supposed by fire. Did not ask the patient at the time whether the house was burned, that is not my business, nor whether they called the fire department or not or whether it happened in this country or anywhere else.

Any further information you may desire in the case may be had by writing to the parents of the child. I do not know their names.

We herewith return the certificate. It is evident you are not a physician or surgeon or you would quite understand the information as it is given.

Yours very truly,

*J. H. Couglin*  
per E. A.

sebi  
b'bo 91

It is essential that death certificates be made complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate: 1673

Name: Betty Jane Hewitt

Who died at: St Marys Hosp Richmond Va on May 13-1925

Residence: No. 72 78 Maryland St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Anaphylactic Shock

Contributory: operation plastic foot  
Contracture due to burn

There was disease contracted? 1 1 1

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

Name of physician: W J Campbell

Address of physician: Miss Club Bldg St Louis

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40463

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