

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 OCCURRENCE is very important. See instructions on back of certificate.

1924

PLACE OF DEATH St. Louis,
 County St. Louis, State Missouri Registered No. 371
 Township Carondalet or Village 38096
 City Jefferson Barracks, Mo. No. Station Hospital, St. St. Louis, Mo. Ward 371
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME RICHARDSON, THOMAS B. (o-8391)
 (a) Residence. No. 1309 McCausland Ave., St., St. Louis, Mo.
 (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					MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married			16 DATE OF DEATH (month, day, and year) November 7, 1928	
5a If married, widowed, or divorced HUSBAND of Josephine Richardson					17 I HEREBY CERTIFY, That I attended deceased from November 5, 1928 to November 7, 1928 that I last saw him alive on November 7, 1928 and that death occurred, on the date stated above, at 12:30 p.m.	
6 DATE OF BIRTH (month, day, and year) May 16, 1895					The CAUSE OF DEATH* was as follows: Fracture, simple, temporo-parietal region, and extending to basal line, incurred in a fall at St. Louis, Gen. Int. Med. Depot, St. Louis, Mo. Exact circumstances undetermined, pending investigation of board of officers:	
7 AGE	Years 33	Months 5	Days 21	If LESS than -1 day, --- hrs. or --- min.	CONTRIBUTORY as above (secondary)	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work U S Army Officer Captain, Infantry, DOL (b) General nature of industry, business, or establishment in which employed (or employer) Instructor, MO. NG. (c) Name of employer U S Army					18 Where was disease contracted (duration) --- yrs. 0 mos. 2 ds. if not at place of death? See above	
9 BIRTHPLACE (city or town) Chicago, Ill. (State or country)					Did an operation precede death? No Date of _____ Was there an autopsy? Yes, partial. Craniol exploratory post-mortem findings What test confirmed diagnosis? (Signed) Sur. Romaine F.W. Romaine, M. D. Captain, Med. Corps, US Army 19 (Address) Jefferson Barracks, Mo.	
PARENTS	10 NAME OF FATHER Frank B. Richardson				* 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.)	
	11 BIRTHPLACE OF FATHER (city or town) Canada. (State or country)					
	12 MAIDEN NAME OF MOTHER Vesta Burroughs,					
	13 BIRTHPLACE OF MOTHER (city or town) Florence, Ala. (State or country)					
14 Informant Capt. P.J. Dowling, Inf. (Address) 138 MO. Inf. Armory, St. Louis, MO.					19 PLACE OF BURIAL, CREMATION, OR REMOVAL Washington DC DATE OF BURIAL 11/9 28	
15 Filed Nov 9 19 28 L. C. Obrock, M. D. REGISTRAR					20 UNDERTAKER Knappmutsch & Co ADDRESS 7814 S. Berry	

V. S. No. 98

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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 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," "Anemia" (merely symptom-

atic), "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 carbonic 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, pyemid, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.