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.

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

Do not use this space.

31206

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Frisco Hospital St. ..... Ward)

File No. .....

Registered No. 8800

2. FULL NAME Susie S. Fish

(a) Residence. No. 953 Hamilton Blvd St., 5 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20th 1868.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	9	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Frisco, R. R. Co.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Orlando Fish.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York.

12. MAIDEN NAME OF MOTHER Martha J. Goodrich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbus
(STATE OR COUNTRY) Ohio

14. INFORMANT Albert G. Fish
(Address) 2711 W. 37th av. Denver Colo.

15. FILED SEP - 3 1930 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1930

17. I HEREBY CERTIFY, That I attended deceased from 8 - 24, 1930, to 9 - 5, 1930 that I last saw her alive on 9 - 5, 1930, and that death occurred, on the date stated above, at 5 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General abdominal carcinomatosis originating in pelvis. uterus.

53E ? (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 46 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH St Louis Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8-27-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory Laparotomy path. specimen.

(Signed) M C Stachle, M. D.

, 19 (Address) 4960 Laclede

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine

DATE OF BURIAL Sept 8 1930

20. UNDERTAKER Wagoner Fund Co

ADDRESS 3621 Olive St.