

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17027
Do not use this space.

1. PLACE OF DEATH

(a) County _____
(b) Township _____
(c) City ST LOUIS
(e) Length of residence in city or town where death occurred yrs. mos. 15 ds.

Registration District No. 791
Primary Registration District No. 1008
Registered No. 4888
(d) Street No. DEACONESS HOSPITAL St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

EDGAR JOHN FIELDSON 432
(a) Residence, No. 75 MARSHALL PL St. WEBSTER GROVES
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 7-1879

7. AGE YEARS 58 MONTHS 8 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CLERK
9. Industry or business in which work was done, as saw mill, bank, etc. FEED STORE
10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) ST LOUIS (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME JOHN FIELDSON

14. BIRTHPLACE (CITY OR TOWN) ENGLAND (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME EMMA SHIER

16. BIRTHPLACE (CITY OR TOWN) ENGLAND (STATE OR COUNTRY)

17. INFORMANT R. V. Fieldson (ADDRESS) 75 Marshall Pl

18. BURIAL, CREMATION, OR REMOVAL PLACE OAK HILL DATE MAY 28 1938

19. FUNERAL DIRECTOR Parker Land Co. (ADDRESS) Webster Groves

20. FILED MAY 27 1938 J. P. Brubaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1938, to May 26, 1938
I last saw him alive on May 26, 1938 Death is said to have occurred on the date stated above, at 1:35 P. M.

The principal cause of death and related causes of importance were as follows:
(1) Carcinoma of Bladder
(2) Carcinoma of Prostate
Primary seat unknown

Other contributory causes of importance: 51 B

Name of operation None Date of operation _____
What test confirmed diagnosis? Biopsy of Bladder 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? No
If so, specify _____
(Signed) Claude A. Peckell I, M. D.
(Address) 653 Century Bldg.

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.

STATEMENT BY LICENSED EMBALMER

I, E. E. Aldrich, Licensed Embalmer No. 1332

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed E. E. Aldrich
Licensed Embalmer No. 1332

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)