DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34254

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 8792

1. PLACE OF DEATH: 1003 NOV 13 1939

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Louis Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks + 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town NR
(If outside city or town limits, write "RURAL")

(d) Street No. Conway Rd & Lindbergh
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Peggy Fields 432

3. (b) If veteran, name war Child

3. (c) Social Security No. Child

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child

6. (c) Age of husband or wife if alive Child years

7. Birth date of deceased 6 (Month) - 13 (Day) - 39 (Year)

8. AGE: Years | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Russell Fields
13. Birthplace Kansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jewell Soward
15. Birthplace Dexter Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. Davis
(b) Address 500 So. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 18 (Day) 39 (Year)
(c) Place: burial or cremation Dexter Mo

18. (a) Signature of funeral director Baumann Bros
(b) Address overland Mo

19. (a) OCT 16 1939 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th year 1939 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 22, 1939, to October 15, 1939 that I last saw her alive on Oct. 15, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure
Bronchopneumonia
Intracranial hemorrhage

Due to Cleft palate
Malnutrition

Due to Not a birth injury

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry C. Schrand (M. D. or other)
Address 500 So Kingshighway Date signed 10/17/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.)

If this body is not embalmed, above space should be left blank.