

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4326
Registrar's No. 1156

Registration District No. 191 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 18 days
(Specify whether years, months or days)
In this community Unknown

3. (a) PRINT FULL NAME Pearl Fields

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlie Fields 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March 27 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Domestic 9

11. Industry or business _____

12. Name Charlie Fletcher 9

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charlie x Fields

(b) Address 824^a N. Beaumont

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2822 Stoddard St

19. (a) FEB 5 1940 (Date received local registrar) (b) J. B. Brubaker (Registered Embalmer)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 824 a N Beaumont
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1940 hour 10:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from December 13, 1939, to January 31, 1940;
that I last saw h. e. r. alive on January 31, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebrovascular Disease</u>	<u>7 wks</u>
<u>Luetic Heart Disease</u>	<u>Indef</u>
Due to _____	_____
Due to _____	_____
Other conditions <u>Neuro-Syphilis</u> (Include pregnancy within 3 months of death)	<u>Indef</u>

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature Pearl Fields (M. D. or other) _____
Address 2601 N Whittier Date signed _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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 Myself

Lonnie Boykins, Registered Apprentice No. _____
working under my personal supervision.

Signed Lonnie Boykins
Licensed Embalmer No. 2946
P. O. Address St Louis 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.