

Registration District No. **791** **1940**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: Barnard Skin & Cancer Hosp.
(d) Length of stay: In hospital or institution one week
In this community 17 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 2121 Wash
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Pearl Fields

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

4. Sex F 5. Color or race colored
6. (b) Name of husband or wife Robert Fields
7. Birth date of deceased 2 (Month) 21 (Day) 1897 (Year)

20. DATE OF DEATH: Month Sept. day 17 year 1940 hour 5 minute 10 A. M.
21. I hereby certify that I attended the deceased from Sept. 12, 1940 to Sept. 17, 1940; that I last saw her alive on Sept. 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration 2 days

8. AGE: Years 43 Months 6 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Jesse Bacome
13. Birthplace Unknown Miss.
14. Maiden name Sarah Johnson
15. Birthplace Unknown Miss.

16. (a) Informant Sarah Bess (mother)

(b) Address 2034 Carr

17. (a) Burial (b) Date thereof Sept. 23-1940

(c) Place: burial or cremation Wash. Park Cem., 9-23-40

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

(b) Address 2820 Stoddard St.

19. (a) SEP 19 1940 (b) [Signature]

Due to _____
Due to _____
Other conditions _____
Major findings: Of operations Myomata of uterus
Of autopsy referral non malignant

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

23. Signature Carl E. Lischer (M. D. or other) _____
Address Barnard Skin & Cancer Hosp. Date signed 9-17-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 L. Boyd
....., Registered Apprentice No. Myself
working under my personal supervision.

Signed L. Boyd
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, fact should be so stated above.