

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26105

Registration District No. 101784

Primary Registration District No. 101

Registrar's No. 1498

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether
 In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Meacham Park
(If outside city or town limits, write "RURAL")
 (d) Street No. 334 New York Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 16
 year 1941 hour 5 minutes 25 P.M.

21. I hereby certify that I attended the deceased from 7-14-41
 to 7-16-41, 1941,
 that I last saw him alive on 7-16-41
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Pos. Pulmonary Embolus or
Coronary Occlusion 1-2 hrs.
 Due to Hypertensive Cardiovascular type
Heart Disease or
 Due to Ischemic Heart Disease yes

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations 3DE
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Archie Fields

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah Fields 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Aug. 15 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Belleville / Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation piano tuner

11. Industry or business _____

12. Name William Fields

13. Birthplace Belleville / Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Nelson

15. Birthplace Belleville / Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Fields

(b) Address 240 Electric St.

17. (a) _____ (b) Date thereof 7-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST PETERS

18. (a) Signature of funeral director STATEN & SONS

(b) Address KIRKWOOD, Mo.

19. (a) JUL 18 1941 (b) _____ (c) _____
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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..... *Rorris V. Atkin*

Licensed Embalmer No..... *2842*

P. O. Address *3644 Finne*

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.