S. No. 2
M—5-42
v. 5-17-39
I X32873

96
2
3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

Registration District No. 184

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34773

Primary Registration District No. 101

Registrar's No. 2150

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 12 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 416a S. Harrison
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Willie Fields

3. (b) If veteran, name war ?

3. (c) Social Security No. 425-16-5352

4. Sex male

5. Color or race colored

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

6. (b) Name of husband or wife Elizabeth Fields

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

7. Birth date of deceased Jan. (Month) 4 (Day) 1894 (Year)

8. AGE: Years 48 | Months 9 | Days 10 | If less than one day ___ hr. ___ min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Prince Fields
13. Birthplace unknown (City, town, or county) Miss. / (State or foreign country)

MOTHER
14. Maiden name Lula Willis
15. Birthplace unknown (City, town, or county) Miss. / (State or foreign country)

16. (a) Informant Jackson Fields
(b) Address 416 So Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 18 (Day) 42 (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Slater & Sons
(b) Address Kirkwood Mo

19. (a) OCT 16 1942 (Date received local registrar) (b) E. G. McGarrow Md (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1942 hour 10 minute :10A. M.

21. I hereby certify that I attended the deceased from 10-2-42, 19__, to 10-14, 1942;
that I last saw him alive on 10-14-42, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	10 da
Due to Hypertensive Heart Disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy

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 John S. Matthews (M. D. or other)
Address St Louis Co Hosp Date signed 10/15/42

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.