

D APR 19 1943 318
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County.....

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4444 Cote Brillante
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Moses Fields

3. (b) If veteran, name war.....

3. (c) Social Security No.....

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

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

7. Birth date of deceased: February 16, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|----|----------|
| 33 | 1 | 20 | hr. min. |
|----|---|----|----------|

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

10. Usual occupation Nil

11. Industry or business.....

12. Name Jeff Fields

13. Birthplace..... (City, town, or county) Miss. (State or foreign country) 1

14. Maiden name Ade Price

15. Birthplace..... (City, town, or county) Miss. (State or foreign country) 1

16. (a) Informant S. M. Smith

(b) Address 2601 N. Whittier St.

17. (a) Burial (b) Date thereof 4-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ray Brown

(b) Address 3704 Finney Ave.

19. (a) APR 8 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5,
year 1943 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from March 31, 1943 to April 5, 1943,
that I last saw him alive on April 5, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Meningococcus Meningitis 1 week Duration

Due to.....

Due to..... 6

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature W. M. Moore M. D. or other
Address 2601 Whittier Date signed 4/7/43

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.....

William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed *William C. McDowell*.....

Licensed Embalmer No. *2114*.....

P. O. Address.....

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.