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K23159

FILED MAY 20 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4288

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis

(c) Name of hospital or institution:
St. Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 month
(Specify whether
In this community. 14 Yrs.
years, months or days)

3. (a) PRINT FULL NAME John Fields

3. (b) If veteran, name war. No

3. (c) Social Security No. 488-01-9910

4. Sex <u>Male</u>	5. Color or Race <u>Col</u>	6. (a) Single, widowed, married, divorced. <u>Married</u>
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6. (b) Name of husband or wife. Essie Fields

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February 29, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>2</u>	<u>7</u>hr.min.

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

10. Usual occupation Laborer

11. Industry or business Federated Metals Co

12. Name Wesley Fields

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

14. Maiden name HANNIN (Unk)

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

16. (a) Informant Essie Fields

(b) Address 2730a Papin Street

17. (a) Burial (b) Date thereof 5/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director R. M. C. reen

(b) Address 3517 Laclede Avenue (3)

19. (a) MAY 12 1944 (b) J. F. Predeck
(Date received by registrar) (Registrar's signature)

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. 2730a Papin Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1944 hour 11:30 Minute 00 M.

21. I hereby certify that I attended the deceased from 5/10 to 5/16, 1944.

that I last saw him alive on 5/16 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to H6

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Colon

Of operations

Of autopsy None

Duration ?

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?

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

While at work? (Specify type of place)

(2) Means of injury?

23. Signature J. F. Predeck (M. D. or other)

Address 3517 Laclede Avenue Date signed 5/12/44

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



Licensed Embalmer No.

1173

P. O. Address

3577 Salledo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.