S. No. 2
DM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24928

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 1899

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 432 Par Lane /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 91
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 432 Par Lane 8
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 6
If yes, name country .....

3. (a) PRINT FULL NAME Ralph Scribner Fifield
3. (b) If veteran, name war World War 11
3. (c) Social Security No. 489-10-8418
4. Sex Male ()
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Grace L. Buddle Fifield
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug. 25, 1891 (Month) (Day) (Year)
8. AGE: Years 53 Months 11 Days 4 If less than one day ..... hr. ..... min.
9. Birthplace Amsterdam, N. Y. / (City, town, or county) (State or foreign country)
10. Usual occupation Sales Engineer,
11. Industry or business General Electric Co.
MOTHER FATHER
12. Name Charles Fifield
13. Birthplace Amsterdam, N. Y. / (City, town, or county) (State or foreign country)
14. Maiden name Robertine Scribner
15. Birthplace New York. / (City, town, or county) (State or foreign country)
16. (a) Informant Grace L. Fifield.
(b) Address 432 Par Lane, Kirkwood 22 Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/45 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks, Mo.
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane.
19. (a) 7-31-45 (Date received local registrar) (b) E. Gin Garran M.D. (Registrar's signature) M56

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1945 hour 11 minute A.M.
21. I hereby certify that I attended the deceased from 7/15/45, 19..., to July 29, 1945 that I last saw him alive on July 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Coronary Thrombosis 24 hr	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No operation	
Of autopsy No 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 Hollis P. Sinsberger (M.D. OR D.O.) DO
Address 651 S. Kirkwood Rd. Date signed 7/30/45

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(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1945

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.....1994

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.