

S. No. 2  
-12-45  
5-17-39  
P. X47070

FILED MAR 6 1947

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 392

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town ST LOUIS CO. Webster Groves  
(c) Name of hospital or institution:  
916 BRIARTON DR.  
(d) Length of stay: In hospital or institution  
In this community 3-9-47  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96  
(c) City or town WEBSTER GROVES P.O. 7  
(d) Street No. 916 BRIARTON DR.  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

3. (a) PRINT FULL NAME JANET LUCILLE FIFIELD

3. (b) If veteran, name war (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 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 APRIL 24 1944  
(Month) (Day) (Year)

8. AGE: Years 2 Months 9 Days 27 If less than one day hr. min.

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name GEORGE E. FIFIELD III  
13. Birthplace CHICAGO ILLINOIS  
14. Maiden name GERALDINE BRODERICK  
15. Birthplace ST. LOUIS MISSOURI

16. (a) Informant (b) Address 916 Briarton Dr.

17. (a) BURIAL (b) Date thereof FEB. 22-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAURAL HILL CEM.

18. (a) Signature of funeral director Parker Lind ed

(b) Address WEBSTER GROVES, MO.

19. (a) 2-24-47 (b) Ruth J. Allen M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20  
year 47 hour minute M.

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death drowning Duration

Due to 183

Due to 36

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Accident 135

(b) Date of occurrence February 20, 1947

(c) Where did injury occur? St. Louis County, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Pond in yard of neighbor's home

While at work? Mears of injury

23. Signature W. J. Willmann (M.D. or other)

Address Clayton, Mo. Date signed 2/21/47

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

MOTHER FATHER

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**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

*Leslie Welch*

Licensed Embalmer No.

*4395*

P. O. Address

*Walter Groves M*

**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.**