

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10070  
State File No. 2163  
Registrar's No.

318

1003

2163

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2163</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2069</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4955 Northland</b>			
3. NAME OF DECEASED (Type or Print) <b>ELLA</b>		a. (First)		b. (Middle)		c. (Last) <b>FIELDS</b>	
4. DATE OF DEATH		(Month) <b>March</b>		(Day) <b>5,</b>		(Year) <b>1951</b>	
5. SEX <b>Female 3</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>Divorced 5</b>		8. DATE OF BIRTH <b>July 31, 1902</b>	
9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>			11. BIRTHPLACE (State or foreign country) <b>New York</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Wand</b>		13b. MOTHER'S MAIDEN NAME <b>Mary L. Brown</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charlotte Wand 4955 Northland</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH _____							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Oedema</b> DUE TO (c) <b>Acute Regurgitation</b>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4211</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1007</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Walter Perry Deputy Coroner</b> (Degree or title) <b>3</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>3/7/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>March 8, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAR 7 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lanster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. T. Marshall E. St. Louis, Ill.</b>			

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Thomas M. Gibson*

Signed.....  
Student Embalmer

Licensed Embalmer No..... 4479

P. O. Address St. Louis, Mo.

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.