

STANDARD CERTIFICATE OF DEATH

State File No. 24555
Registrar's No. 6186

7-26-51
FILED 1111 26 1951

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 24555		Registrar's No. 6186	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Labadie</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4302 Labadie Ave</u>				STREET ADDRESS <u>4302 Labadie Ave</u>			
3. NAME OF DECEASED a. (First) <u>Jedy</u> b. (Middle)			c. (Last) <u>Fields</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 15 1891</u> <u>July 6 1951</u>	
9. AGE (In years last birthday) <u>60</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Oklona Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME <u>William Field, Sr</u>			
13b. MOTHER'S MAIDEN NAME <u>Anna Stith</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs Jursha Field, Sr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jursha Field, Sr 4302 Labadie Ave</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND 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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H/H 2 X</u>					
22. I hereby certify that I attended the deceased from <u>6-5-1951</u> to <u>7-6-1951</u> , that I last saw the deceased alive on <u>7-6-1951</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Russell W. White, M.D.</u> (Degree or title)				23b. ADDRESS <u>2424 N. Sarah</u>		23c. DATE SIGNED <u>7-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11</u>		24b. DATE <u>7/11/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>8800 Natural Bridge Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUL 11 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman J. Smith Mortuary 4247/w Labadie</u>			

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 *Lawrence E. Woodson*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4341*.....

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.