

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40438**  
Registrar's No. **10665**

FILED NOV 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b><br>b. COUNTY |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis, Missouri</b> |  | c. LENGTH OF STAY (in this place)  | c. CITY OR TOWN <b>ST. LOUIS</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Louis City Hospital</b>                                    |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>      |                                  |
| e. STREET ADDRESS (If rural, give location)<br><b>26 1810 Benton</b>                                       |  |  |                                  |

|   |                               |   |  |  |  |
|---|-------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>LLOYD</b><br>b. (Middle)<br>c. (Last) <b>FIELD</b>       |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>NOVEMBER 5, 1953</b> |  |  |
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>SINGLE</b> | 8. DATE OF BIRTH<br><b>Unknown</b>                               | 9. AGE (In years last birthday) <b>77</b>                            | IF UNDER 1 YEAR Months Days<br>IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Unknown</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                       |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>GEORGIA</b> |  |
| 13a. FATHER'S NAME<br><b>Unknown</b>  |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</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)<br><b>unknown</b> |  | 16. SOCIAL SECURITY NO.<br><b>unknown</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>HOSPITAL RECORD</b> |  |  |
|   |  |   | ADDRESS   |  |  |

|  |  |   |  |  |                                  |
|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>   |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |                                  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR<br><b>4200</b>        |   |  |  |

22. I hereby certify that I attended the deceased from **10-10-53**, 19\_\_\_\_, to **11-5-53**, 19\_\_\_\_, that I last saw the deceased alive on **11-5-53**, 19\_\_\_\_, and that death occurred at **10:00A** m., from the causes and on the date stated above.

|  |                              |  |  |
|--|------------------------------|--|--|
| 23a. SIGNATURE (Degree or title)<br><b>Melvin L. Jew, M.D.</b> |                              | 23b. ADDRESS<br><b>1515 Lafayette Avenue</b>                     | 23c. DATE SIGNED<br><b>11-6-53</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>cremation</b>  | 24b. DATE<br><b>11-10-53</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Crematory</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b> |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>NOV 10 1953</b> | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Ambruster Mortuary</b> | ADDRESS<br><b>6633 Clayton Rd.</b> |
|--|--|---|------------------------------------|

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 Not Embalmed Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed: Ernest W. Spillers  
Licensed Embalmer No. 4080

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.