

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10441**Registrar's No. **10447**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2217	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		• STREET ADDRESS (If rural, give location) 27 1929 Franklin Ave	
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Fields Jr.	c. (Last) Fields Jr.
4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1953		5. SEX Male 2	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	
8. DATE OF BIRTH May 18, 1915		9. AGE (In years last birthday) 38 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Okalana, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Fields Sr.		13b. MOTHER'S MAIDEN NAME Rachel Ivory	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. (II)	
16. SOCIAL SECURITY NO. 494-24-7227		17. INFORMANT'S SIGNATURE OR NAME John Fields ADDRESS 4961 St. Louis Avenue	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exanguination from stab wound of left external carotid artery; suffered when stabbed with knife in hands of one Marie Austin, in rear of 1929 Franklin Ave., about 10:55 A.M., Nov. 1st, 1953. DUE TO (b) stabbed with knife in hands of one Marie Austin, in rear of 1929 Franklin Ave., about 10:55 A.M., Nov. 1st, 1953. DUE TO (c) 1953. II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION 11/1		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT (Specify) SUICIDE 225 Accident		21b. PLACE OF INJURY (e.g., in or about home/farm, factory, street, office bldg., etc.) In Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo. DDD		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-1-53 10:55 A.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See Above	
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 10:55 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter Henry Dymptoro 3		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 11/3/53		24. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-4-53	
24c. NAME OF CEMETERY OR CREMATORY National Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. NOV 3 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Reliable Funeral System, Inc.		ADDRESS 4500 Newberry Terrace	

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

MAR 28 1958

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul V. Freeman

Licensed Embalmer No. 4686

P. O. Address 4729 1/2 Avenue

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.