

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45287**
12094

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 30 years		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 5559 DELMAR BLVD.				e. STREET ADDRESS (If rural, give location) 5559 DELMAR BLVD.			
3. NAME OF DECEASED (Type or Print) a. (First) EDNA b. (Middle) LOE c. (Last) FIELDER.			4. DATE OF DEATH (Month) (Day) (Year) DEC. 22, 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Nov. 26, 1881	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pike County, Missouri	
11. BIRTHPLACE (City and State or Foreign Country) Pike County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Fielder.		13b. MOTHER'S MAIDEN NAME Mary Griffin.	
13a. FATHER'S NAME William Fielder.		13b. MOTHER'S MAIDEN NAME Mary Griffin.		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) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Cox. 759 Amherst Ave.			
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) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adeno-Carcinoma, rectum DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma, liver				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 6/24/53		19b. MAJOR FINDINGS OF OPERATION Adeno Ca. rectal = liver metastases				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X			
22. I hereby certify that I attended the deceased from June 17th, 1953 , to Dec. 22, 1953 , that I last saw the deceased alive on Dec. 12, 1953 , and that death occurred at 4 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Pierce W. Powers M.D.				23b. ADDRESS 634 Na Grand		23c. DATE SIGNED 12/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12/24/1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. DEC 22 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. LUPTON & SONS. 7233 Delmar Blvd.,			

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

Student.....
Signature of Student Embalmer

Signed *Clarence A. Murray*.....

Licensed Embalmer No. *4018*.....

P. O. Address *St. Louis*.....

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.