

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42366**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11151**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION On Mc Arthur Bridge		e. STREET ADDRESS (If rural, give location) 5715a Easton Avenue		2069	
3. NAME OF DECEASED (Type or Print)		a. (First) Jack		b. (Middle)	
		c. (Last) Field		4. DATE OF DEATH (Month) (Day) (Year) 12 - 7 - 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 12 - 23 - 1931		9. AGE (In years last birthday) Months Days Hours Min. 22		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Installation of Venetian Blinds	
11. BIRTHPLACE (City and State or Foreign Country) Ferguson, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Guy B. Field	
13b. MOTHER'S MAIDEN NAME Ada Reuter		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) yes Korean	
16. SOCIAL SECURITY NO. 495-28-9655		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Field		ADDRESS 5715a Easton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral hemorrhax; Ruptured heart; Fracture of ribs, suffered in car, apparently operated by decedent, went out of control, struck guard rail on east side of Mc Arthur Bridge near #88, about 2:15 am.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 Dec 7, 1954 Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Bridge		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) East St Louis Ill		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec 7, 54 2A¹⁵ m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 217 E 8194		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 230A m., from the causes and on the date stated above. 21	
23a. SIGNATURE (Degree or title) Patrick C. Taylor Coroner 1300 Clark		23b. ADDRESS		23c. DATE SIGNED 12. 7. 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/16/54		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		DATE REC'D BY LOCAL REG. DEC 7 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral		ADDRESS 1905 Union Blvd.		3. P. (Licensed Embalmer's Statement on Reverse Side)	

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

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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.. *Warren A. Carver*

Licensed Embalmer No. *35*

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.**