

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-042389**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11396** STATE FILE NUMBER

**FILED DEC 12 1961**

1. PLACE OF DEATH  
 a. COUNTY **2 yrs.**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **6 mo., 5 days**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Chronic Hosp.** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY **St. Louis** Inside Limits Yes  No   
 c. CITY OR TOWN **St. Louis**  
 d. STREET ADDRESS (If outside, give location) **1237 N. 15th St.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **Roy Fields** 4. DATE OF DEATH Month Day Year **12-6-61**

5. SEX **Male** 6. COLOR OR RACE **Col.** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **3-11-1892** 9. AGE (last birthday) **69**  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 **Merchant Coal Co Ripley, Tennessee** 11. BIRTHPLACE (City and state or country) **Memphis, Tennessee** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Frank Fields** 13b. MOTHER'S MAIDEN NAME **Emma Cook** 14. NAME OF HUSBAND OR WIFE **Louvina Fields**

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. 17. INFORMANT **Mrs. Louvina Fields** Address **1237 N. 15th St**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **myocardial infarction - (coronary thrombosis) sudden**  
 DUE TO (b) **atherosclerotic heart disease**  
 DUE TO (c) **420.0**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Diabetes mellitus** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **6-1-59** to **12-6-61** and last saw her alive on **12-5-61**  
 Death occurred at **1:30 a.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Arthur K. Dunspef Mrs** 22b. ADDRESS **7500 Dunshire, 19,** 22c. DATE SIGNED **12-6-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **12-11-1961** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR **Metropolitan Funeral System, Inc.** ADDRESS **5010 Enright** 25. DATE RECD. BY LOCAL REG. **DEC 7 1961** 26. REGISTRAR'S SIGNATURE **Royal Smith M.D.**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*John K. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus Av

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.