JAN 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 49553
Registered No. 12528

1. PLACE OF DEATH
County St. Louis — Registration District No. 791
Township — Primary Registration District No. 1003
City St. Louis (No. De Paul Hospital St. Ward)

2. FULL NAME Thomas Edward Fields
(a) Residence, No. (Usual place of abode) St., N.P. Ward. East St. Louis, Ill. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 20, 1936
7. AGE: Years — Months — Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Still Born
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER
13. NAME Joseph Fields
14. BIRTHPLACE (CITY OR TOWN) East St. Louis (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Anna Mae Wardesty
16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Joseph Fields (ADDRESS) 1152 19 N. 5th St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel DATE Dec 22 1936
19. UNDERTAKER Nell Walsh Barney (ADDRESS) 1416 N. Lousa Ave. East St. Louis Ill.
20. FILED DEC 22 1936 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20 1936
22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1936, to 12-20, 1936
I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 7:05 m. P
The principal cause of death and related causes of importance were as follows:
Still birth male chief at term.
Cause of death, rupture uterus in scar of
Date of onset
Other contributory causes of importance:
previous Cesarean Section resulting in premature separation of placenta
Name of operation ..... Date of
What test confirmed diagnosis? ..... Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. Emmet Shaw, M. D.
(Address) 1117 N. Grand

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2
10M-3-28-35