

REC'D FEB 10 1939

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

314

Do not use this space.

314

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis, Mo/** (d) Street No. **City Infirmary.** St.  
(e) Length of residence in city or town where death occurred **15** yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. ....

## 2. PRINT FULL NAME

**432 Lee Fields,**  
(a) Residence, No. **5800 Arsenal St.** St. **13**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 29, 1861**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**78 77 1 10**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Peddler**  
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **Tennessee.**13. NAME **Harrison Fields**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee.**15. MAIDEN NAME **Minnie Olive.**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee.**17. INFORMANT (ADDRESS) **E. Molony, 5800 Arsenal.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **City Cem** DATE **1-10-39**19. FUNERAL DIRECTOR (ADDRESS) **City Infirmary**20. **JAN 10 1939** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 8, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **August 10, 1926, to January 8, 1939**  
I last saw him alive on **January 8, 1939** Death is said to have occurred on the date stated above, at **9:45** m. **A.M.**  
The principal cause of death and related causes of importance were as follows:

Date of onset

*Arteriosclerotic Heart Disease  
Chronic Myocarditis*

Other contributory causes of importance:

Name of operation **None** Date of operation  
What test confirmed diagnosis? **Heart. N.E.** Was there an autopsy? **No.**

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) **George M. Piche**, M. D.  
(Address) **56 W. Arsenal St.**

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**