

FILED SEP 25 1940 791-1  
Registration District No. 791-1

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Thomas Field  
3. (b) If veteran, name war No  
3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Townzella Field  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased January 1, 1890.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 7 28 hr. min.

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Canning Business

11. Industry or business Salesmanager

MOTHER FATHER  
12. Name Timothy Field  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie Crump.  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thomas Field, Jr.,  
(b) Address 1504 Bath, Ashland, Ky.  
17. (a) Removal (b) Date thereof Aug. 29, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ashland, Ky.

18. (a) Signature of funeral director Craig Mortuary.  
(b) Address 4468 Washington Blvd.  
19. (a) AUG 29 1940 (b) J. P. Bredeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County \_\_\_\_\_  
(c) City or town Indianapolis  
(If outside city or town limits, write "RURAL") NR  
(d) Street No. 3805 N. Delaware Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29  
year 1940 hour 9 minute 45 a. m.

21. I hereby certify that I attended the deceased from July 25, 1940, to August 29, 1940;  
that I last saw him alive on August 29, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death ? Ventricular Fibrillation  
? Pulmonary Embolus  
Due to Coronary Occlusion & Myocardial Infarction  
Due to Arteriosclerotic Coronary Artery Disease  
Other conditions Mechanical Prosthesis  
(Include pregnancy within 3 months of death)

Major findings: 946  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature FR Bradley (M. D. or other)  
Address BARNES HOSPITAL Date signed \_\_\_\_\_

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

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.

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Philip M. Lewis*

Licensed Embalmer No. *3281*

P. O. Address *4468 Washington*

**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 this body is not embalmed, above space should be left blank.**