

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2009

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hosp 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 501 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Fields, Tom

3. (b) If veteran,

name war no

3. (c) Social Security

No. none

4. Sex

Male

5. Color or

race Negro

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Cora

6. (c) Age of husband or wife if

alive ? years

7. Birth date of deceased

August 29, 1910
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

30

1

20

hr. min.

9. Birthplace

Vicksburg
(City, town, or county)

Miss
(State or foreign country)

10. Usual occupation

Porter

11. Industry or business

?

12. Name

Tom Fields

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Evelina Thomas

15. Birthplace

Vicksburg
(City, town, or county)

Miss
(State or foreign country)

16. (a) Informant

St Cora Field

(b) Address

2327 Market St

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

Oct 24/40
(Month) (Day) (Year)

(c) Place: burial or cremation

Memphis Tenn

18. (a) Signature of funeral director

F. G. Brown

(b) Address

2915 Franklin Ave

19. (a)

OCT 24 1940
(Date received local registration)

H. Meyer
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2327 Market
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1940 hour 11 minute 10 P.

21. I hereby certify that I attended the deceased from June 6, 1937 to Oct 19, 1940
that I last saw him alive on Oct 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis 3 yrs
Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Pulmonary Tuberculosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

(a) Means of injury

23. Signature

R. W. Folk

(M. D. or other)

Address

Koch Mo

Date signed

10/21/40

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 _____

Licensed Embalmer No. _____

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