

FILED OCT 18 1941
791

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs. 1 mo.
In this community About 18 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Annie Fields

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced, seperate

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 17, 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>2</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Unknown / Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business _____

12. Name Wesley Fields

13. Birthplace Unknown / Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Alice

15. Birthplace Unknown / Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Fields

(b) Address 3339 R. Delmat

17. (a) Burial (b) Date thereof 9-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worshipers Park Cem.

18. (a) Signature of funeral director Ellis J. Ford

(b) Address 2920 Strickland St.

19. SEP 18 1941 (Date received local registrar) (b) J. T. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2 1/2 13 1/2
(If outside city or town limits, write "RURAL") 9

(d) Street No. 2108 Franklin Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1941 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-41, 19____, to 9-13-41, 19____;
that I last saw her alive on 9-13-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 1-23-41
Duration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 2/2

Of autopsy _____

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) (e) Means of injury _____

23. Signature Walter Ford (M. D. or other) A

Address St Louis City San Date signed 9-14-41

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by L. B. Boykin, or by myself,
Registered Apprentice No. _____,
working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2949

P. O. Address St. Louis 7

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, fact should be so stated above.