. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18804

State File No. .....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5135

1. PLACE OF DEATH:

(a) County St. Louis, Mo

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

(c) Name of hospital or institution: 4315 Kennerly ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4315 kennerly Ave (If rural, give location) 9

(e) Citizen of foreign country? ..... (Yes or No) 10

If yes, name country .....

3. (a) PRINT FULL NAME Lemon Fields

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ammie, Lee Fields

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Nov (Month) 15 (Day) 1910 (Year)

8. AGE: Years 36 Months 6 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Labor

11. Industry or business .....

FATHER
12. Name James Fields
13. Birthplace Miss (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Crasie Thornton
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Ammie Lee Fields

(b) Address 4315 Kennerly Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/24/47 (Month) (Day) (Year)

(c) Place: burial or cremation Oklana Mississippi

18. (a) Signature of funeral director Herman J Smith

(b) Address 4247/W Labadie Ave

19. (a) MAY 22 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1947 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to .....

Due to Empyema

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 3

23. Signature Patrick T. Taylor (M. D. or other)

Address Deputy Coroner Date signed 5-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence E. Wadson

Licensed Embalmer No. 4341

P. O. Address St Louis Mo.

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.