S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29783

State File No.

FILED SEP 15 1947

Registration District No.

Primary Registration District No. 3069

Registrar's No. 1896

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Randolph 99
(c) City or town Coulterville 11
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Alfred Fields
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Sarah Fields
6. (c) Age of husband or wife if alive years
7. Birth date of deceased About (Month) 1893 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	54			hr. min.

9. Birthplace Brooksede (City, town, or county) Alabama (State or foreign country) 1
10. Usual occupation Coal Miner
11. Industry or business
FATHER
12. Name Isac Fields
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Nancy Glover
15. Birthplace (City, town, or county) Alabama (State or foreign country) 1
16. (a) Informant William C. Shieler
(b) Address Coulterville, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Coulterville, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 9-6-47 (Date received local registrar) (b) Cecil E. Shoff MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3 year 1947 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from Aug 29 Sept 3, 1947, to Sept 3, 1947 that I last saw him alive on Sept 3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Cardiac~~	
Due to Bronchogenic Carcinoma	8 MO
Due to 47 C	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Confirmed above	
Of autopsy	

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 0
23. Signature James L. Mudd (M. D. ~~or other~~)
Address 6342 Grand St Louis Mo. Date signed 9/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 1941

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. Ernest W. Spillane

Licensed Embalmer No. 4082

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, fact should be so stated above.