S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35709

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10005

1. PLACE OF DEATH:
(a) County St Louis Co
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ernst to HOMER G. PHILLIPS HOSPITAL 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ooo
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3506 R. Clark ave 9
(If rural, give location) 0
(e) Citizen of foreign country? 18 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Fields
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex M 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug (Month) 25 (Day) 1899 (Year)

8. AGE: Years 48 Months 2 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Shannon (City, town, or county) Miss (State or foreign country)
10. Usual occupation
11. Industry or business Laborer
FATHER
12. Name Wesley Fields
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Alice Roberts
15. Birthplace (City, town, or county) Miss (State or foreign country)
16. (a) Informant Alice Fields
(b) Address 3506 R. Clark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director R. M. Green
(b) Address 3517 Laclede ave
19. (a) OCT 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1947 hour 10 minute 35 a 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.

	Duration
Immediate cause of death Chronic Hypertrophic	
Due to Myocarditis	
Due to 9	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 2

23. Signature Obed Perry (M. D. or other)
Address Deputy Coroner Date signed 10/25/47

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

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 Jesse C Hurd Registered Apprentice No. 514, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1178

P. O. Address 3517 Sackdale Av

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.