DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24548

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6699

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS, MO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital, D (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days) In this community 29 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL (b) County ST. CLAIR
(c) City or town E. ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 490 N 34th ST. (If rural, give location) N.R.
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Fred George Morefield
3. (b) If veteran, name war —
3. (c) Social Security No. 18-3692041
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRANCES
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased APRIL (Month) 16 (Day) 1884 (Year)
8. AGE: Years 64 Months 3 Days 14 If less than one day hr. min.
9. Birthplace LIVINGSTON (City, town, or county) KY (State or foreign country)
10. Usual occupation LABORER
11. Industry or business SWANSEA STONE WKS
12. FATHER Name THOMAS MOREFIELD
13. FATHER Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. MOTHER Maiden name MARY
15. MOTHER Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Frances Morefield
(b) Address 490 N 34th St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 1, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation RATTLE, ILL
18. (a) Signature of funeral director Nell Walsh Barnes
(b) Address E. St. Louis, Ill
19. (a) JUL 30 1948 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1948 hour 2 minute 35 A.M.
21. I hereby certify that I attended the deceased from July 21, 1948, to July 30, 1948, that I last saw him alive on July 30, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coma due to probable adrenal insufficiency — Duration

Due to Large tumor masses in both adrenals,

~~Due to~~ probably malignant

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Necrotic mass in rt. thigh. Huge tumor of both adrenals.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F M Bradley (M. D. or ~~other~~)
Address Barnes Hospital Date signed 7/30/48

(Licensed Embalmer's Statement on Reverse Side)

SEP 15 1948

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 not en

....., Registered Apprentice No.....

working under my personal supervision.

Signed Philip Ogden

Licensed Embalmer No. 7091

P. O. Address E St Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.