

FILED-AUG 28 1948

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

- (a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution..... Memorial
(Specify whether)

In this community.....
years, months or days)3. (a) PRINT
FULL NAMECOLLEEN MARY
Baby Girl Fields

3. (b) If veteran,

name war.....

NONE

3. (c) Social Security No.

NONE

4. Sex..... FEMALE
5. Color or race..... WHITE
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..... AUGUST 13 1948
(Month) (Day) (Year)

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

9. Birthplace..... ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation.....
- NONE

11. Industry or business.....

12. Name..... GROVER FIELD
13. Birthplace..... ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name..... COLLEEN COMEGYS
15. Birthplace..... ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant..... GROVER FIELD
(b) Address..... 4144 PENROSE AVE

17. (a) BURIAL (b) Date thereof..... 8-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... VAL HALL CEMETERY

18. (a) Signature of funeral director..... 1167 HAMILTON AVE
(b) Address.....

19. (a) AUG 17 1948 (b) J. B. Bieleck
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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")
(d) Street No. 4144 PENROSE AVE
10 (If rural, give location)
(e) Citizen of foreign country?..... NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August day..... 14
year..... 1948 hour..... 7 minute..... 55 P. M.

21. I hereby certify that I attended the deceased from..... 8-13-48
....., 19....., to..... 8-14-48, 19.....
that I last saw him..... alive on..... 8-14-48, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... IntrauterinehemorrhageSubcranial HemorrhageDue to..... prematurity andbirth traumaDue to..... PrematurityOther conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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..... B. Roth MO (M. D. or other) 8-14-48Address..... 1515 Lafayette Avenue Date signed.....B. Roth

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

2722

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.....

Merle Shepard

Licensed Embalmer No.....

3555

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.