

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27688
7668
State File No.
Registrar's No.

FILED SEP 13 1948
Registration District No. 018

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: St. Louis City Hospital-Max C. Starkloff
(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)

3. (a) PRINT FULL NAME DAVID LAWRENCEY FIELD

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 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 X Months X Days 17 If less than one day _____ 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 W. Field

13. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Colleen Comegys

15. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Grover W. Field

(b) Address 4144 Penrose Avenue

17. (a) Burial (b) Date thereof Aug 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) AUG 31 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4144 Penrose Avenue
Memorial (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30th
year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8/13/48
19 Aug. 30th 19 48
to Aug. 30th 19 48

that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death prematurity
2 cerebral hemorrhage
due to birth trauma

Due to _____

Due to _____

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

Birth was not attended by any physician

Major findings: _____

Of operations _____

Of autopsy _____

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? ST. LOUIS MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home - during birth

(Specify type of place)

While at work? _____ (e) Means of injury fell on head

Signature B Roth Date signed 8/30/48

1515 Lafayette

1515 Lafayette

1515 Lafayette

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.....

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.