

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

No. 2
—5-43
5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27689
7549
Registrar's No.

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County MO.
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Day
(Specify whether years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County POW
(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1837 Division St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME David Fields
(b) If veteran, name war World War 2 (c) Social Security No.
(d) Sex Male (e) Color or race Col. (f) (a) Single, widowed, married, divorced Single
(b) Name of husband or wife (c) Age of husband or wife if alive years
(g) Birth date of deceased April 30 1921 (Month) (Day) (Year)

8. AGE: Years 27 Months 3 Days 25 If less than one day hr. min.
9. Birthplace Estelle, Miss (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
12. Name Booker T. Fields
13. Birthplace Glen Allen, Miss (City, town, or county) (State or foreign country)
14. Maiden name NATIE DA RICE
15. Birthplace Adams County, Miss (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Rice
(b) Address 1837 Division St
(c) Place: burial or cremation National Cemetery
(d) Signature of funeral director W. Robinson & Sons
(e) Address 2216 Dickson St
(f) AUG 28 1948 (g) J. F. Brundage (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence Aug. 22, 1948
(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?
While at work? no (Specify type of place) (e) Means of injury gun
23. Signature (f) Date signed 8/28/48

20. DATE OF DEATH: Month August day 25 year 1948 hour 7:00 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death: Hemothorax following gunshot wound in the hands of one, George Scaife, Col., in front of 1812 Biddle Str., around 3:30 A.M., August 22, 1948.
HOMICIDE
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

4 (To be filled in by 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Leroy W. Bannister

Licensed Embalmer No.....

4528

P. O. Address.....

3880 Easton Ave

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Sept
7589

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7589

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Fields

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex *M*

5. Color or race *B*

6. (a) Single, widowed, married, divorced *S*

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased

April 30
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

(If less than one day)

27

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

13. (c) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

J. F. Bredeck
SEP 15 1948

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug*
year *1948* hour *2* minute *15* M.

21. I hereby certify that I attended the deceased from *1948* to *1948*,
that I last saw him alive on *Aug 15*, 19*48*,
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

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

23. Signature (M. D. or other)

Date signed

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

S-27689