

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1717
Registrar's No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY Missouri	
c. LENGTH OF STAY (in this place) 44 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4450 Maffitt	

3. NAME OF DECEASED (Type or Print) Willie	a. (First)	b. (Middle)	c. (Last) Fielder	4. DATE OF DEATH (Month) (Day) (Year) Feb. 17 1950
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-4-09	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 13	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser	10b. KIND OF BUSINESS OR INDUSTRY Southern Cleaners	11. BIRTHPLACE (State or foreign country) Waynesboro, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Fielder	13b. MOTHER'S MAIDEN NAME Sadie Riggins	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 330-1558828	17. INFORMANT'S SIGNATURE OR NAME Berlene Hess	ADDRESS 4724 Bates
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 2-17-50 5:40 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-7-50 to 2-17-50, that I last saw the deceased alive on 2-17-50, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE James J. Hedrick M.D.	(Degree or title)	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 2-20-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-21-50	24c. NAME OF CEMETERY OR CREMATORY Rooker Washington	24d. LOCATION (City, town, or county) (State) St. Louis, Ill.
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DATE REC'D BY LOCAL REG. FEB 21 1950	REGISTRAR'S SIGNATURE J. B. Lavater	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Nash	ADDRESS 3847 Page
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *M. Frances Nash*
Student Embalmer No.....
Licensed Embalmer No. *4494*

P. O. Address *3847 Page Bl*

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.