

FILED JUN 1-1953

## STANDARD CERTIFICATE OF DEATH

State File No. 4946

19369

4946

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>7 yrs. &amp; 2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2029 0					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>20 2921 Cass Avenue</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EDDIE</u>		b. (Middle)		c. (Last) <u>FIELDS</u>					
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>13</u>		(Year) <u>1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 6 1897</u>					
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Days <u>3</u>		IF UNDER 24 HRS. Hours <u>7</u>		IF UNDER 1 MIN. Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Orange, Texas</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Sims</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Lue Fields</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W.W. # 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Fields</u>				ADDRESS <u>2921 Cass Ave</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		ANTECEDENT CAUSES						<u>years</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____						DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia of lung</u>						<u>years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>							
22. I hereby certify that I attended the deceased from <u>Apr. 18, 1946</u> , to <u>May 13, 1953</u> , that I last saw the deceased alive on <u>May 13, 1953</u> , and that death occurred at <u>9:45 P. M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>George Esker, M.D.</u>				(Degree or title)				23b. ADDRESS <u>5600 Arsenal St.</u>		23c. DATE SIGNED <u>5/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-19-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) <u>St. Louis, Co. MO</u>		(State) _____			
DATE REC'D BY LOCAL REG. <u>MAY 16 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>J.H. Randle &amp; Son</u>				ADDRESS <u>3133 Bell Ave</u>	

(Licensed 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Ch...*

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

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