

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1956

State File No. **17834**
Registrar's No. **5009**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5009			
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST CLAIR					
b. CITY OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 7 DAYS		c. CITY OR TOWN E. ST LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUK				e. STREET ADDRESS (If rural, give location) 1527 KINGSHIGHWAY 8128					
3. NAME OF DECEASED (Type or Print) a. (First) Addie b. (Middle) L c. (Last) Fields			4. DATE OF DEATH (Month) (Day) (Year) MAY 23-1956						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG 22-1882			
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 1 HR. Hours 0 Min. 0		11. BIRTHPLACE (City and State or Foreign Country) EAST ST LOUIS, ILL.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME FRANK BROCKERT		13b. MOTHER'S MAIDEN NAME JOSEPHINE SCHNEIDER		14. NAME OF HUSBAND OR WIFE MARLEY FIELDS					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Marley Fields ADDRESS E St Louis Ill					
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis				DUE TO (b) Abdominal hernia. P.O				4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Intestinal adhesions				5 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Prolonged shock				5 years	
19a. DATE OF OPERATION 6/19/56		19b. MAJOR FINDINGS OF OPERATION Part of abdominal hernia Intestinal adhesions				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 5604					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. /		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5604					
22. I hereby certify that I attended the deceased from 5/18 , 19 56 , to 5/23 , 19 56 , that I last saw the deceased alive on 5-22 , 19 56 , and that death occurred at 4:20 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Rebecca Lane M.D.				23b. ADDRESS 1117 N Grand, St L.		23c. DATE SIGNED May 23/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) /		24b. DATE 5/24-56		24c. NAME OF CEMETERY OR CREMATORY E ST LOUIS ILL		24d. LOCATION (City, town, or county) (State) ILL			
DATE REC'D BY LOCAL REG. MAY 24 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Robins Funeral Home E St Louis Ill ADDRESS E St Louis Ill					

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank Orskopf*

Licensed Embalmer No. *4350*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.