

FILED JUN 25 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **21798**  
 Registrar's No. **5624**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5624</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S INFIRMARY</b>				d. STREET ADDRESS (If rural, give location) <b>19 4316 ENRIGHT</b>			
3. NAME OF DECEASED a. (First) <b>SQUIRE</b> (Type or Print)			b. (Middle) _____			c. (Last) <b>FIELDS</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>6-10-56</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>OCT. 26, 1895</b>		9. AGE (In years last birthday) <b>60 YRS</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>DRY, GROVE, MISS</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>PRINCE FIELDS</b>		13b. MOTHER'S MAIDEN NAME <b>LUIA HARDIN</b>		14. NAME OF HUSBAND OR WIFE <b>MARGARET FIELDS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes WORLD WAR I</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Fields</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Primary Cancer of liver</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... 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.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>155x</b>				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <b>May 10, 1956</b> , to <b>June 10, 1956</b> , that I last saw the deceased alive on <b>June 10, 1956</b> , and that death occurred at <b>9.6</b> mi. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Walter A. Young M.D.</b>				23b. ADDRESS <b>2337 Market St. St. Louis Mo</b>		23c. DATE SIGNED <b>6-12-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>6-14-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>JEFF. BARRACKS MO</b>	
DATE REC'D BY LOCAL REG. <b>JUN 13 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A.F. WALTON</b>			
				ADDRESS <b>2707 STODDARD ST</b>			

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

1911-1912

**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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aline

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.