

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

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

**43004**

**FILED DEC 20 1956**

State File No. ....

BIRTH NO. 91226-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10189

1. PLACE OF DEATH a. COUNTY		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)		c. CITY OR TOWN <u>4346 University City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		STREET ADDRESS (If rural, give location) <u>7160 Washington Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Field</u> c. (Last) <u>Field</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 26 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u>	8. DATE OF BIRTH <u>October 26 1956</u>	9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR Months <u>55</u> IF UNDER 24 HRS. Hours <u>3</u> Min. <u>55</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>---</u>		13a. FATHER'S NAME <u>Richard Allan Field</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Patricia Barnaby</u>		
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u> (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Helen Patricia Field</u>		ADDRESS <u>Above</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythra blastosis Fetalis</u>  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. <u>770.0</u>			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (m.)		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 <u>Oct 26 1956</u> , to <u>Oct 26 1956</u> , that I last saw the deceased alive on <u>Oct 26 1956</u> , and that death occurred at <u>9:15 P m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Marshall C Guenmen M.D.</u>		23b. ADDRESS <u>4627 N. Taylor; St. Louis Mo</u>		23c. DATE SIGNED <u>11-5-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Aker</u> ADDRESS <u>4104 Hancock</u>				
DATE REC'D BY LOCAL REG. <u>NOV 8 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard Aker 4104 Hancock</u>		

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.