

Health,
& Welfare
S. Public
th Service

FILED DEC 13 1957

STANDARD CERTIFICATE OF DEATH

318

1003

41962

STATE FILE NUMBER
11340

Registration District No. Primary Registration District No. Registrar's No.

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>East St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>40 HOSPITAL OR INSTITUTION Mo. Pacific Hosp.</u>		Length of stay in lb <u>13 days</u>		STREET ADDRESS <u>8120 8607 Church Lane</u>	
3. NAME OF DECEASED (Type or print) <u>Marley A. Fields</u>			4. DATE OF DEATH Month <u>11</u> Day <u>26</u> Year <u>57</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-20-1877</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Indiana</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Thomas Fields</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Lentz</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Ruth Robinson</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture of Shoulder</u> <u>Fracture of Rib</u> <u>Fracture of Hip</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>E900.0 21</u>					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I and 20c) <u>fell over steps at home December 13 1957</u>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year <u>11 13 57</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>			
20f. CITY, TOWN, OR LOCATION <u>St. Louis Ill.</u>		20g. COUNTY <u>St. Louis Ill.</u>			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>300 A</u> m on the <u>26th</u> stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Joseph J. [Signature]</u>			22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>11/26/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-26-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mount Carmel Cemetery</u>	
23d. LOCATION (City, town, or county) <u>East St. Louis, Ill.</u>		23e. (State)			
24. FUNERAL DIRECTOR <u>Robins</u>		ADDRESS <u>East St. Louis, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 26 57</u>	
26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</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
Signature of Student Embalmer

Signed *Kenn Prokoff*
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Licensed Embalmer No.

P. O. Address *Shen*

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.