# ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED MAY 4 1961

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3948 -61-015122 STATE FILE NUMBER

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 1 9

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): HOMER G. PHILLIPS — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY

c. CITY OR TOWN: ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 2347 O'Fallon Apt. 600 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Richard — Middle — Last Fields

4. DATE OF DEATH: Month April Day 22, Year 1961

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/23/1903

9. AGE (last birthday): 57 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Finley Fields

13b. MOTHER'S MAIDEN NAME: Carrie Taylor

14. NAME OF HUSBAND OR WIFE: Hattie Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ———

17. INFORMANT: Hattie Fields — Address: 2347 O'Fallon Apt. 600

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Carcinoma, head of pancreas with

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) spread to liver and to lungs (left)

DUE TO (c) 157X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M. Quinn, Deputy Coron

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 4-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4/29/61

23c. NAME OF CEMETERY OR CREMATORY: Father Dickson

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: E. B. Koonce — ADDRESS: 1221 North Grand

25. DATE RECD. BY LOCAL REG.: APR 25 1961

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

**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 Melvin Blackburn

Licensed Embalmer No. 3962

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.