

MAY 15 1940 791
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS MO.
(c) Name of hospital or institution:
Manorland Hotel 205 N. 9th St.
(d) Length of stay: In hospital or institution 2 mos. stay of general
In this community 1 1/2 yrs of St. Louis, for 3 weeks
years, months or days prior to death.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town ST. LOUIS MO.
(d) Street No. 205 N. 9th St.
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME MRS. MARY FRANCIS 652

8. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife JOHN FRANCIS 6. (c) Age of husband or wife if alive ± 65 years

7. Birth date of deceased November 12, 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 4 If less than one day _____ min.

9. Birthplace Latham Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business at home

12. Name George Crawford 18. Birthplace Illinois

14. Maiden name unknown 15. Birthplace Illinois

16. (a) Informant John Francis

(b) Address 205 N. 9th St.

17. (a) Removal (b) Date thereof April 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeCATUR, Illinois

18. (a) Signature of funeral director Thomas J. Stuart
(b) Address 1225 Union Blvd.

19. (a) APR 16 1940 (b) J. F. [Signature]
(Date received and registered) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1940 hour 1 minute 20 AM.

21. I hereby certify that I attended the deceased from JAN. 26
1940 to day of death 4/16, 1940
that I last saw her alive on April 15, 1940
and that death occurred on the date and hour stated above.

Immediate Cause of death Coronary thrombosis, arteriosclerotic
Heart Disease
Due to Hypertensive, arteriosclerotic
Heart Disease
Duration 35 yrs.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
844
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Alfred Fleishman M.D.
Address 4500 Olive Date signed 4-16-40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

J. G. Sullivan

Licensed Embalmer No. *1122*

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 this body is not embalmed, above space should be left blank.