

FILED DEC 13 1943  
Registration District No. **378**

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.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3311 Halliday Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **916**  
(d) Street No. **3311 Halliday Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **FRANCES RANDOLPH MAYES**

3. (b) If veteran. name war \_\_\_\_\_ 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Charles Meyes** 6. (c) Age of husband or wife if alive **unk** years

7. Birth date of deceased **January 11 1863**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **10** Days **21**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Pick County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John M. Steele**

13. Birthplace **Pick County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Moore**

15. Birthplace **Lincoln County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hazel Connely**

(b) Address **3311 Halliday Ave.**

17. (a) **Burial** (b) Date thereof **12-3-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hannibal, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **DEC 3 1943** (b) **J. F. Bradeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **2**  
year **1943** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from **11/4**, 1943 to **12-2**, 1943  
that I last saw him alive on **12-2**, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage**  
Due to **hypertension secondary to chronic neph**  
Due to \_\_\_\_\_

Duration

**3 days**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? **no**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. J. Burroughs** (M. D. or other) \_\_\_\_\_

Address **4755 Magnolia** Date signed **12/3/43**

10/17/14 E. 11/15/14

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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.....  
.....  
Registered Apprentice No.....  
working under my personal supervision.

Signed Albert G. Koffe  
Licensed Embalmer No. 2921  
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, fact should be so stated above.**