

S. No. 2
 DM-5-43
 v. 5-17-39
 P 1 X36871

FILED DEC 5 1944
 318

Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County..... St. Louis

(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
 De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 0
(Specify whether years, months or days)

In this community.....
years, months or days

3. (a) PRINT FULL NAME Louise Francis

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oliver Francis

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November 1 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	0	23	hr. min.

9. Birthplace St. Louis Missouri ()
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Christian Peterson

13. Birthplace Unknown Sweden ()
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Unknown

15. Birthplace Red Bud Illinois ()
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Francis
 (b) Address Nashville, Ill.

17. (a) Removal (Burial, cremation, or removal)
 (b) Date thereof 11-24-44
(Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) NOV 24 1944 (b) J. J. Breda (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington 997

(c) City or town Nashville 11
(If outside city or town limits, write "RURAL") NR

(d) Street No. R.R. # 3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
 year 1944 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from SEPT 8 1944 to NOV 24 1944
 that I last saw him alive on NOV 23 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
 CARCINOMA (METASTATIC TO BONES OF PELVIS & LEFT LUNG 2 yrs

Duration 2 yrs

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Radical Breast (left) 2 yrs ago (By Dr Fred Bailey)
 Of autopsy St Louis Mo

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)

(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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature J. J. Breda (M. D. or other)

Address 607 N. Broadway Date signed 11/24/44

MAY 4 1945

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.....

John Agnoski

Licensed Embalmer No. *3398*

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.