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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1945
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

281

State File No.

Registration District No.

Primary Registration District No. **100**

Registrar's No. **322**

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:
Frisco Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6431 Scanlan ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME Joseph C. Francis

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 702-03-9919

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13 year 1945 hour 12 minute 13 P.M.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased February 28 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/11 1945 to 1/13 1945 that I last saw him alive on 1/13 and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 10 Days 15 If less than one day hr. min.

Immediate cause of death Infarct wall left ventricle 2da

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

10. Usual occupation Assistant Chief Clerk

11. Industry or business St. L. & S. F. RR CO.

Due to Coronary occlusion of 2da

Due to 1/4

MOTHER FATHER

12. Name Richard Francis

13. Birthplace Unknown

14. Maiden name Idea Cunningham

15. Birthplace Unknown

Other conditions Edema Lungs

(Include pregnancy within 3 months of death)

16. (a) Informant Mrs. Mollie Francis

(b) Address 6431 Scanlan ave.

17. (a) Burial (Burial, cremation, or removal) National Cemetery

(b) Date thereof Jan. 16, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 6464 Chippewa st.

19. (a) (Date received) JAN 15 1945 Registrar's signature J. F. Bredeck

Major findings: None

Of autopsy ruptured wall left ventricle 1/3 wall

22. If death was due to external causes, in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence No

(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) (c) Means of injury ✓

23. Signature SM Terresden (M.D. or other) 1

Address 4960 Faldede Date signed 1/13/45

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

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..... *Louis C. Hoffmeister*.....
Licensed Embalmer No..... *3871*.....
P. O. Address..... *7814 S. Broadway*.....

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.