

FILED JAN 21 1946

Registration District No. 11-1

Primary Registration District No. 5594

Registrar's No. _____

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town HOUSE SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 7 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JEFFERSON
(c) City or town HOUSE SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph C. FRANCIS
3. (b) If veteran, name war no 3. (c) Social Security No. no
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JUNE 3 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 5
year 1946 hour 5 minute 10 M.
21. I hereby certify that I attended the deceased from June 1st
1944 to Jan 4th 1946
that I last saw him alive on Jan 4th 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 7 Days 2
If less than one day hr. _____ min. _____
9. Birthplace St. Louis MISSOURI
(City, town, or county) (State or foreign country)

Immediate cause of death
Myocarditis
Chronic Nephritis
Arterio-Sclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Merchant
11. Industry or business Retired
12. Name Charles Francis
13. Birthplace UNKNOWN 4
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 4
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
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? _____

16. (a) Informant George B. FRANCIS
(b) Address 1857 1/2 South Ninth St.
17. (a) Burial (b) Date thereof 1-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET PARK CEM.
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.
19. (a) _____ (b) Wm. J. Huelke
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. T. Edwards (M. D. or other)
Ordor Hill, Mo. Address Date signed 1/7/46

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5594

Registration District No. 161

Primary Registration District No. 5594

Registrar's No. 3

1. PLACE OF DEATH:

(a) County T Jefferson
 (b) City or town House Springs Meramec
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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 _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race ew 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 3
 (Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days _____ If less than one day
 hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) JAN 28 1946 (b) Mrs J. L. Kuehels
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day _____
 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

3004