

FILED MAR 3 1947

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1757**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**414 Market Street**  
(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 **Mo.** (b) County **000**  
 (c) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **414 Market St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Augustus J. Francis**

3. (b) If veteran, name war **Spanish-American** 3. (c) Social Security No. **--**

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

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

7. Birth date of deceased **March 15, 1877**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>11</b>	<b>4</b>	hr. _____ min. _____

9. Birthplace **Covington Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

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

MOTHER FATHER

12. Name **Thomas Francis**

13. Birthplace **England**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Ryan**

15. Birthplace **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. F. M. Brown,**

(b) Address **6931 Mitchell**

17. (a) **Burial** (b) Date thereof **Feb. 21, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery, Craig Mortuary**

18. (a) Signature of funeral director **J. F. Bredbeck**

(b) Address **4468 Washington-8-**

19. (a) **FEB 20 1947** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **19**  
 year **1947** hour \_\_\_\_\_ minute **12** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **1. Occlusion of Brain** Duration \_\_\_\_\_  
**2. Untreated Sclerotic Heart Disease**  
*following injuries received while on a Chevrolet Bus. Driver known to this party. Died 29, 1946 around 8:00 PM in the vicinity of 6th & Washington*

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

Major findings: Of operations **9/2**

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) **Accident road**

(b) Date of occurrence **Aug 29 1946**

(c) Where did injury occur? **27th Ave W**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Street**

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

23. **Patrick E. Taylor** M.D. or other \_\_\_\_\_  
 Address **1300 Clark** Date signed **2-20-47**

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

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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 *Philip M. Lewis*  
Licensed Embalmer No. 3281  
P. O. Address 4468 Washington

**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.**