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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6358

Registrar's No. 1374

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5012 Easton Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME EVERETTE FRANCIS

3. (b) If veteran, name war

3. (c) Social Security No. 493-09-3895

4. Sex male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July (Month) 7 (Day) 1896 (Year)

8. AGE: Years 51 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business McDowell Aircraft Cor.

FATHER
12. Name Issax Francis
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Margaret Baker
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Maxine Francis
(b) Address 5012 Easton Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) FEB 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th year 1948 hour 4 minute 05 P M.

21. I hereby certify that I attended the deceased from 2/5/48, 19..., to Feb. 8th, 1948 that I last saw him alive on Feb. 8th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver with jaundice debility & malnutrition

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinoma of liver

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD

Address 1515 Lafayette Date signed 2/9/48

(Licensed Embalmer's Statement on Reverse Side)

Mich

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 Warren A Carver

Licensed Embalmer No. 3534

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.