FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24288

Registrar's No. 6428

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution en route to City Hosp.
~~3959 Washington~~ 2
(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 ST. LOUIS 19
(If outside city or town limits, write "RURAL")

(d) Street No. 3959 WASHINGTON AV.
(If rural, give location)

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

3. (a) PRINT FULL NAME EUGENE FRANCIS

3. (b) If veteran, name war

3. (c) Social Security No. 2

4. Sex M. 0

5. Color or race W.

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

6. (b) Name of husband or wife ELLA FRANCIS

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

7. Birth date of deceased NOVEMBER (Month) 9 (Day) ~~1910~~ 1911 (Year)

8. AGE: Years 36 37 Months 8 Days 9 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation CHAUFFEUR

11. Industry or business

12. Name FRED FRANCIS

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

14. Maiden name GENEVIEVE FRANCIS

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

16. (a) Informant Mrs Genevieve Francis

(b) Address 3959 A Washington Av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 21-48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ OAK GROVE, Cem.

18. (a) Signature of funeral director E. J. Schmurr

(b) Address 3125 LAFAYETTE AV.

19. (a) JUL 20 1948 (Date received local registrar) (b) J. J. Breseeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 18 year 1948 hour 5 minute 30 A.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 Chronic (decompensated) hypertrophic myocarditis.

Due to 92

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (M. D. or other)

Address Date signed 7/19/48

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Wollman

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

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

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

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
~~County~~ City of St Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 24288-48

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6428

On this 27 day of July, 1948, before me appears GENEVIEVE FRANCIS, who, upon Her oath, states that the original record of ~~birth~~ death for EUGENE FRANCIS, ~~born~~ died July 18, 1948, in the State of Missouri, and which was filed at St Louis on, 1948, should be corrected as follows:

Item No. 7 should read Nov. 9, 1911
Instead of Nov. 9, 1910

Item No. 8 should read 36 YRS 8 MON 9 DA
Instead of 37 YRS. 8 MON. 9 DA

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Genevieve Francis Mother
Relationship.

2959 Washington
Present Address.

Subscribed and sworn to before me this 27 day of July, 1948.

My Commission expires 12-6-48 Bernard H. Pollmer Notary Public.

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