

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20478

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5260

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY St. Louis 4091 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 0 | | c. LENGTH OF STAY (In this place) 2 Weeks | | c. CITY OR TOWN Berkeley 9 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MISSOURI BAPTIST Hospital | | | | | |
| e. STREET ADDRESS (If rural, give location) 8820 Dora Ave. | | | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) THOMAS | | | b. (Middle) J. | | | c. (Last) FRANCIS | | | 4. DATE OF DEATH (Month) (Day) (Year) June 10, 1954 | | |
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| 5. SEX Male 0 | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married / | | 8. DATE OF BIRTH November 11, 1877 | | 9. AGE (In years last birthday) 76 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 YEAR Hours | | IF UNDER 1 YEAR Min. | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | | | 11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS / | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
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| 13a. FATHER'S NAME Wm. Francis | | | | 13b. MOTHER'S MAIDEN NAME Nancy Craig | | | | 14. NAME OF HUSBAND OR WIFE Nancy J. | | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. | | | | 17. INFORMANT'S SIGNATURE OR NAME John W. Francis, 8820 Dora, St. Louis, Mo. | | | | ADDRESS | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 142 | |
| <p>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of liver</i> | | | | | | | | | | | |
| | | ANTECEDENT CAUSES | | | | | | | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | | | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | | | |

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| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 1561 | | | |
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22. I hereby certify that I attended the deceased from 6-1, 1954, to 6-10, 1954, that I last saw the deceased alive on 6-10, 1954, and that death occurred at 10 P.M. from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>Stanley W. Wald, M.D.</i> | | | | 23b. ADDRESS 457 N. Kings Highway | | | | 23c. DATE SIGNED 6-11-54 | | | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 6-11-1954 | | 24c. NAME OF CEMETERY OR CREMATORY Fredericktown, | | 24d. LOCATION (City, town, or county) (State) Missouri | | | |
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| DATE REC'D BY LOCAL REG. JUN 14 1954 | | REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN Funeral Home, Inc. | | ADDRESS 2301 Lafayette, St. Louis, 4, Missouri | | | |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD.

4266

100-1-10

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 Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed *H. G. Farris*

Licensed Embalmer No. *33*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.