

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10258

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1842

|                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                                                             |                                                              |                                                                                      |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                                                                                                |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>c. CITY OR TOWN St. Louis                                          |                                                              | b. COUNTY                                                                            |                                                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis                                                                                                                                                                                                                                                                                                                |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        |                                                              | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                                                     |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital                                                                                                                                                                                                                                                                                                 |                           | Length of stay in 1b<br>2 1/2                                                                                                                               |                                                              | d. STREET ADDRESS 5137 Waterman                                                      |                                                                     |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Charles B. FRANCIS                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                                                             | 4. DATE OF DEATH February 21st, 1957<br>Month Day Year       |                                                                                      |                                                                     |
| 5. SEX<br>male 0                                                                                                                                                                                                                                                                                                                                                                              | 6. COLOR OR RACE<br>white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Aug. 23, 1881                            | 9. AGE (In years last birthday) 75<br>IF UNDER 1 YEAR<br>Months Days Hours Min.      |                                                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>none                                                                                                                                                                                                                                                                                           |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>none                                                                                                                   |                                                              | 11. BIRTHPLACE (City and state or country)<br>St. Louis Missouri..0                  |                                                                     |
| 13. FATHER'S NAME<br>David R. Francis                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                                                                                             | 14. MOTHER'S MAIDEN NAME<br>Jane Perry                       |                                                                                      |                                                                     |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no none                                                                                                                                                                                                                                                                          |                           | 16. SOCIAL SECURITY NO.<br>none                                                                                                                             |                                                              | 17. INFORMANT Address<br>Thomas Francis 6464 Ellenwood, Clayton Mo.                  |                                                                     |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Coronary Infarction - anterior<br>DUE TO (b) Fractured left femur - operated<br>DUE TO (c) cerebral thrombosis<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br>420.1 |                           |                                                                                                                                                             |                                                              | INTERVAL BETWEEN ONSET AND DEATH<br>2 wks.<br>4 mos.<br>2 wks.                       |                                                                     |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                                                                                                                                                     |                           | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)                                                                |                                                              |                                                                                      |                                                                     |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m.<br>p. m.                                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                                                             |                                                              |                                                                                      |                                                                     |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                     |                           | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                                                   |                                                              | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                                            |                                                                     |
| 21. I attended the deceased from 1-27-52 to 1-20-57 and last saw her alive on 1-20-57<br>Death occurred at 10:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                    |                           |                                                                                                                                                             |                                                              |                                                                                      |                                                                     |
| 22a. SIGNATURE (Degree or title)<br>J. W. H. D. M.D.                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                                                             | 22b. ADDRESS<br>4500 Olive (R)                               |                                                                                      | 22c. DATE SIGNED<br>2-21-57                                         |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial                                                                                                                                                                                                                                                                                                                                           |                           | 23b. DATE<br>2-23-1957                                                                                                                                      | 23c. NAME OF CEMETERY OR CREMATORY<br>Bellefontaine Cemetery |                                                                                      | 23d. LOCATION (City, town, or county) (State)<br>St. Louis Missouri |
| 24. FUNERAL DIRECTOR ADDRESS<br>C.R. Lupton and Sons 7233 Delmar Blv'd.                                                                                                                                                                                                                                                                                                                       |                           |                                                                                                                                                             | 25. DATE RECD. BY LOCAL REG.<br>FEB 25 '57                   |                                                                                      | 26. REGISTRAR'S SIGNATURE<br>J. Carl Smith M.D.<br>M.B.             |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health,  
& Welfare  
Public  
ServiceS. 300  
Y. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Securing the medical certificate...

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1962

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.