

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045665

STATE FILE NUMBER

DECEASED JAN 12 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12510

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Minnesota b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Minneapolis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Flower Con. Home | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 33 5019 Williams Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|---------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last ERNEST FRANCIS | | | 4. DATE OF DEATH Month Day Year Dec. 25 1958 | | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 2, 1872 | 9. AGE (In years last birthday) 86 | 10. FUNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Carpenter Mate-U.S.Navy(Retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Sweden | 11. BIRTHPLACE (City and state or country) Sweden | 12. CITIZEN OF WHAT COUNTRY? 4 U.S.A. | |

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| 13a. FATHER'S NAME Unknown Francis | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Late Mary Francis |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Span-American | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Mo. Sue Dean 842 Yosemite Dr.-Glendale. |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Cardio-Vascular System Disease | 3 yrs |
| | DUE TO (c) Generalized Atherosclerosis | 18 yrs |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Melinoma of left first toe

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none 442XH |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. none | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, pdg., etc.) none |
| 20f. CITY, TOWN, OR LOCATION COUNTY STATE | 21. I attended the deceased from July 1 1958 to Dec 25 1958 last saw her alive on Dec 24 1958 Death occurred at 4:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | |

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| 22a. SIGNATURE (Degree or title) Thayer Plummer MD | 22b. ADDRESS 3933 S Grand | 22c. DATE SIGNED Dec 26/58 |
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| 23a. BURIAL, CREATION, REMOVAL (Specify) Removal (Rail) | 23b. DATE 12-26-58 | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) Minneapolis, Minn. |
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| 24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway | 25. DATE RECD. BY LOCAL REG. DEC 26 '58 | 26. REGISTRAR'S SIGNATURE J Carl Smith MD |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 6 1959

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 *Richard W. Stovrand*

Licensed Embalmer No. *4007*

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