URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-037598

FILED VS. OCT 1 9 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9180

STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5638 Winona — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5638 Winona — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Fred Middle J. Last Francis

4. DATE OF DEATH Month Oct. Day 3, Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Mar. 6, 1902

9. AGE (last birthday) 57 — IF UNDER 1 YEAR Months 8 Days 9 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman

10b. KIND OF BUSINESS OR INDUSTRY Comfort Printing

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Francis

13b. MOTHER'S MAIDEN NAME Anna Whittlier

14. NAME OF HUSBAND OR WIFE Viola Francis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 488-10-0066

17. INFORMANT Viola Francis — Address 5638 Winona

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 years

O.K. Joseph M. Queen

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

Dept. Coroner 10/7/59 420.1

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). (4 previous attacks)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 10-3-59 to _____ and last saw her/him alive on 10-3-59

Death occurred at 11:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. C. [signature] — 22b. ADDRESS 4553 S Kingshighway — 22c. DATE SIGNED 10/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Oct. 7, 1959

23c. NAME OF CEMETERY OR CREMATORY S.S Peter & Paul

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR — ADDRESS Schumacher's 3013 Meramec St.

25. DATE RECD. BY LOCAL REG. OCT 6 '59

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DR. O. C. PFEIFER

4523 S. KINGSHIGHWAY

6567 MURDOCH

1 — 3 P.M.

F-3542

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_____ Signed Jack Haught

Signature of Student Embalmer

Licensed Embalmer No. 4746

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.