

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

✓ Do not use this space.

14071

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Jewish Hospital)

File No.....
Registered No. 3397
St. Ward)

2. FULL NAME Emma Newman Francis

(a) Residence. No. 5370 Pershing Ave. St. 12 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Francis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
62 9 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER David Newman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Bertha Victor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Chas Francis Jr.

(Address) 7352 Pershing Ave.

15. FILED May 1933 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 | 2 | 19 30

17. HEREBY CERTIFY, That I attended deceased from 3 | 26 | 1930, to 4 | 12 | 1930, and that I last saw h. 22 alive on 4 | 12 | 1930, and that death occurred, on the date stated above, at 10:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Ovary
49H (duration) ? yrs. ? mos. ? ds.
CONTRIBUTORY (SECONDARY) Past-operative
84 depression (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.....

1. 4/6 DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 3/27/30

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Pathological Section
(Signed) Et Echeert, M. D.

. 19 (Address) Jewish Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mt. Sinai Cemetary 4/4 19 30

20. UNDERTAKER ADDRESS Maye 4356 Lindell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

