

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.

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

Do not use this space.

16668
2165

1. PLACE OF DEATH

County Jackson
Township Law
City St. Louis (No. 7246)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7246 Penn St. 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 M 4. COLOR OF RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1856

7. AGE YEARS 77 MONTHS 8 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taylor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

13. NAME Aldred A. Francis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Leonora Francis (ADDRESS) 7246 Penn St.

18. BURIAL, CREMATION, OR REMOVAL PLAC not buried DATE 7/22/33

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) St. Louis

20. FILED 5-20-33 St. Louis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18/33, 19

22. I HEREBY CERTIFY That I attended deceased from Dupuy to Coroner, 19

I last saw him alive on _____ 19 _____ Death is said

to have occurred on the date stated above, 12:00 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Chronic infectious myocarditis

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Chalk

(Address) 1000

