

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

31078
Do not use this space.

1. PLACE OF DEATH **SEPT 12 1938**
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis Mo.** (d) Street No. **Faith Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Josephine Francis**
 (a) Residence, No. **1918 Cass Ave.** St. **21** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **the late Wm. H. Francis**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 21-1863**

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
75	0	7	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Harvey Lunch Room**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Supervisor**
 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) **Illis**

FATHER 13. NAME **Robert Lynch** 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Penn**

MOTHER 15. MAIDEN NAME **Elizabeth Cramer** 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs. Loretta Dols** (ADDRESS) **5067 Kennington Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Sept. 30-38**

19. FUNERAL DIRECTOR (NAME) **Hv. Leidner Und. Co.** (ADDRESS) **1417 N. Market St.**

20. FILE **SEP 28 1938** **J. Bredeck** Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 28-38 19**

22. I HEREBY CERTIFY, That I attended deceased from **February 1938**, to **Sept 28**, 19**38**.
 I last saw her alive on **9/28**, 19**38**. Death is said to have occurred on the date stated above, at **1:20 AM**.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
 Other contributory causes of importance:
Secondary anemia
Chronic Myocarditis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) **Joseph B. Succione**, M. D.
 (Address) **1829 Cass Ave**

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

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
DIVISION OF PROFESSIONAL REGULATION

John F. Ruschke

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *John F. Ruschke*

Licensed Embalmer No. *1674*

P. O. Address *2223 E. Ocean C*

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 this body is not embalmed, above space should be left blank.