

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.

Registration District No. **7917** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Missouri Baptist Hospital
(d) Length of stay: In hospital or institution Lifetime
In this community Lifetime

3. (a) PRINT FULL NAME Nina R. Francis
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife David R. Francis, Jr.
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased August ? 1875

8. AGE: Years 65 Months 5 Days ?
If less than one day hr. min.

9. Birthplace St. Louis, Missouri

10. Usual occupation Housewife

11. Industry or business 0

MOTHER FATHER
12. Name Paul G. Robinson
13. Birthplace Charleston, S. Carolina
14. Maiden name Line Pratte
15. Birthplace St. Louis, Missouri

16. (a) Informant's own signature
(b) Address 222 N. 17th St.

17. (a) Burial (b) Date thereof 2/3/40
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.

19. (a) FEB 2 1940 (b) J.P. [Signature]

2. USUAL RESIDENCE OF DECEASED:
0
(a) State Missouri (b) County St. Louis
(c) City or town Ladue Village
(d) Street No. Clayton & Denny Roads
(e) If foreign born, born in U.S. Missouri years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 1
year 1940 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Second degree burn of shoulder & back
Purulent pericarditis
Chronic Hepatitis
Chronic Nephritis
Subacute pyelonephritis
Stalden's test showed
at hep tissue January 24/1940
Other conditions None taken
(Include pregnancy within 3 months of death)

Major findings: 181
Of operations 15
Of autopsy 15

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Jan 24 1940
(c) Where did injury occur St Louis Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work Home
(Specify type of place) (a) Means of injury Stalden's
28. Signature Alfred [Signature] (b) Date signed 2-19-40

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 *Merwin L Kemp*

Licensed Embalmer No. *4052*

P. O. Address *3621 Olive*

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.