FILED JUN 15 1940

No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17246

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4724

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City, N.R.
(If outside city or town limits write "RURAL")

(d) Street No. 1047 Leona Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FRANCES JEANETTE WISOR. 26C

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 Jared E. Wisor.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 18, 1861.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	11	10	hr. min.

9. Birthplace Franklin, (City, town, or county) Ohio. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Jacob French.
13. Birthplace ? (City, town, or county) England. (State or foreign country)

MOTHER
14. Maiden name Dont Know.
15. Birthplace ? (City, town, or county) England. (State or foreign country)

16. (a) Informant Mr. Milton E. Wisor.
(b) Address 1047 Leona Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-1940. (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) MAY 29 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th. year 1940 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 15th, 1940, to May 28th, 1940; that I last saw her alive on May 27th 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia	Duration 1 day
Due to La Grippe	1 Week
Due to Arterio Sclerosis	D.K.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chester A. Poe (M. D. ~~or other~~)

Address 1506 Hodiamont Ave Date signed 5-29-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. A. Poe.
1506 Hedrament Ave.
9 to 11 A.M. Mu. 7005

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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