

No. 2  
1-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1943

State File No.

**FILED** JUN 17 1940

Registration District No.

Primary Registration District No.

Registrar's No.

4791

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community 65 years  
years, months or days)

3. (a) PRINT FULL NAME Frances Sales 420

8. (b) If veteran, name war ? 8. (c) Social Security No. ?

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Sales 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 12 - 29 1879  
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 24  
If less than one day hr. min.

9. Birthplace St. Charles - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business 9

12. Name unknown

13. Birthplace ? ?  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace ? ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Williams Sales

(b) Address 815 Iron St

17. (a) Burial (b) Date thereof 6-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Boyd Brod

(b) Address 3704 Finney Ave

19. (a) JUN 1 1940 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
815 Iron St.  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31  
year 1940 hour 3: minute 45 P. M.

21. I hereby certify that I attended the deceased from 5-23- 40 to 5-31- 40  
that I last saw her alive on 5-31- 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease About 3 Yrs  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature H. J. Sinsan (M. D. or other) 5-31-1940  
Address 2601 N. Whittier Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

22

**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 Louis V. Atkin

Licensed Embalmer No. 2842

P. O. Address 3644 F Street

**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.**