

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

36339

State File No.

STANDARD CERTIFICATE OF DEATH

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2043

1. PLACE OF DEATH:

- (a) County ST. LOUIS
(b) City or town KOCH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1301 days
(Specify whether
In this community 12 years
years, months or days)

3. (a) PRINT FULL NAME FRANCIS COMMONS

3. (b) If veteran,
name war.

3. (c) Social Security
No. none

4. Sex M

5. Color or
race N

6. (a) Single, widowed, married,
divorced WID.

6. (b) Name of husband or wife.

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

7. Birth date of deceased JULY 24, 1907

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

33

2

29

hr. min.

9. Birthplace

(City, town, or county)

TENNESSEE
(State or foreign country)

10. Usual occupation

WAITER

11. Industry or business

12. Name ALONZO COMMONS

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

14. Maiden name GEORGIA CARTER

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

16. (a) Informant KOCH RECORDS

(b) Address Koch, Mo.

17. (a) Burial (b) Date thereof 11-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2904 E. Lamar

19. (a) NOV 1 1940 (b) W. R. Muzumdar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2512 BELLEGLADE
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 23
year 1940 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from
MARCH 31, 1937, to OCTOBER 23, 1940
that I last saw him alive on OCTOBER 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
PULMONARY TUBERCULOSIS

Due to _____

Due to 23

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Samuel Kap (M. D. or other) _____

Address Koch Hospital Date signed _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

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

working under my personal supervision.

Myself, Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

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.