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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4187

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1459

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

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:
St. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 73

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 6521 Arsenal
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Rufus Ebebezer French

3. (b) If veteran, name war

3. (c) Social Security No. 488-10-9259

4. Sex M

5. Color or race W 0

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Nora 1

6. (b) Name of husband or wife Nora

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February (Month) 16 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	11	26	hr. min.

9. Birthplace French Hills, Tioga, Penn 1
(City, town, or county) (State or foreign country)

10. Usual occupation Traffic Manager

11. Industry or business Pet Milk Co.,

FATHER
12. Name Nathan French
13. Birthplace Pennsylvania 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Burley
15. Birthplace Pennsylvania 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nora B French

(b) Address 6521 Arsenal, St. Louis, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-15-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C H Fmeister Mt Co.

(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) FEB 15 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12
year 1943 hour 2 minute 10 M.

21. I hereby certify that I attended the deceased from June June 20, 1942, to Feb. 12, 1943
that I last saw him alive on Feb. 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. of Stomach with Metastasis
Of autopsy and above

Duration

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 S. H. Mayo (M. D. or other)

Address 3606 Gravois Date signed 2-13-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Maizus
office 3606 Gravois
Hours 1:00 to 4:00 PM-Saturday

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 Louis C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed L. C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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, fact should be so stated above.