

43080

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 3 1948

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 2937

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3437 St. Williams Lane, Overland, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 15 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

(c) City or town Lutesville
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Troy Washington Francis

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th
year 1943 hour 8:00 minute 209 M.

21. I hereby certify that I attended the deceased from Dec 7
1943 to Dec 13 1943
that I last saw h... alive on Dec 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucinda Bell Francis 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 27 1881
(Month) (Day) (Year)

Immediate cause of death.....
Chronic Hemiplegia
repleta

Due to.....

Due to.....

8. AGE: Years Months Days If less than one day

62 4 16 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Heart Insufficiency

Major findings: Of operations.....

Of autopsy..... 1317

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

9. Birthplace Lutesville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business.....

12. Name William Francis

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

14. Maiden name Martha J. Collins

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

16. (a) Informant Lucinda Bell Francis

(b) Address Lutesville, Mo.

17. (a) Burial (b) Date thereof 12-16-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cem., Lutesville

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo. J. E. Baker

19. (a) DEC 29 1943 (b) E. W. McDevran, M.D.
(Date received local registrar) (Registrar's signature)

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 E. W. McDevran (M. D. or other) 0 11 8
Address 705 Olive Date signed 12/22/43

JAN 2 01944

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 J. E. Gorman

Licensed Embalmer No. 4010

P. O. Address Leicesterville, Tenn

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.