

FILED APR 6 1944 18

Registration District No. 1003

State File No.

Registrar's No. 2972

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2 City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 5 mo. 6 ds.
(Specify whether years, months or days)

In this community 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 522 S. BOWLING
3300 (Rural)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRANCES DE VOSE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race col

6. (a) Single, widowed, married, divorced, wid. 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. 24, 1887
(Month) (Day) (Year)

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

56 2 4 hr. min.

9. Birthplace Monroeville Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St.

17. (a) Date thereof 3/26/44
(Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Va.

18. (a) Signature of funeral director W. R. Risher

(b) Address 3500 River St.

19. (a) Date received MAR 29 1944 (b) W. F. Risher
(Date received from informant) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1944 hour 9.20 minute P. M.

21. I hereby certify that I attended the deceased from 12-1-1943 1944 to Febr 28 1944
that I last saw him alive on Febr 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Decumbitis

Duration 10 ds.
1 yrX

Due to 0

Due to ///

Other conditions ///
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 0

Of operations 0

Of autopsy no

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? 0 (b) Means of injury 0

23. Signature C. J. M. Cornell (M. D. or other) M. D.
Address 5400 Arsenal Date signed 3/28/44

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.....

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, fact should be so stated above.