

FILED JAN 5 1945
Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County. St. Louis, Mo.
(b) City or town.
(c) Name of hospital or institution:
4480 Margaretta St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community. 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Jefferson
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Cedar Hill, Mo
(If rural, give location) NR
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis H. Black
3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Lenora Baack
6. (c) Age of husband or wife if alive. 72 years
7. Birth date of deceased. Sept 1, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 23 hr. min.

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

10. Usual occupation. Farmer

11. Industry or business.
12. Name. David Black
13. Birthplace. Unknown
(City, town, or county) (State or foreign country)
14. Maiden name. Louisa Wise
15. Birthplace. France
(City, town, or county) (State or foreign country)

16. (a) Informant. Joseph Black
(b) Address. 5148 Fichelberger St. Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. Dec. 28, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation. Local Cem. Cedar Hill, Mo

18. (a) Signature of funeral director. Heiligtag Funeral Home
(b) Address. Kimmswick, Mo

19. (a) DEC 26 1944 (Date received local Registrar) (b) J. P. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 24
year 1944 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec. 23-1, 1944, to Dec. 24, 1944, that I last saw h. s. alive on 12/24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage Duration 2 weeks

Due to. Hypertension 10 yrs

Due to. 87

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?.....

While at work?..... (Specify type of place) (e) Means of injury. 0

23. Signature Edwin J. ... (M. D. or other) MS
Address 3635 Mr ... Date signed 12/24/44

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.....

Arthur W. Heilington
.....
Licensed Embalmer No. *30727*

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.