

BUREAU OF THE CENSUS
FILED DEC 29 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39337**
Registrar's No. **10685**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Memorial Home, 2609 S. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days) 5

3. (a) PRINT FULL NAME Harry B. Franciscus
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased March 5, 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Saint Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation highway constructor

11. Industry or business _____
12. Name James M. Franciscus
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Jane Huffaker
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. T. McGuire
(b) Address 1812 Longfellow Blvd.

17. (a) Burial (b) Date thereof Dec. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington Blvd.

19. (a) DEC 15 1944 (b) J. B. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2609 S. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 14
year 1944 hour 1 minute 15 M.
21. I hereby certify that I attended the deceased from Dec 9
to Dec 14, 1944
that I last saw him alive on Dec 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Uræmia Duration 3 da
Chronic Int Neph 1 yr
Arterio Sclerosis 1 yr
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) (c) Means of injury _____
23. Signature J. B. Bredick (M. D. or other) _____
Address 3107 Belmont St Date signed 12/16/44

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Philip W. Arning*.....

Licensed Embalmer No. 3281.....

P. O. Address 4468 Washington.....

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.