U. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21914

FILED JUL 20 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6109

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: Missouri Baptist Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days. (Specify whether
In this community 2 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 62

(c) City or town Fredericktown, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 203 Delmar 1NR.
(If rural, give location)

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

If yes, name country —— 1

3. (a) PRINT FULL NAME Wm Edmond Francis

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth

6. (c) Age of ~~husband~~ or wife if alive 29 years

7. Birth date of deceased Nov (Month) 23 (Day) 1916 (Year)

8. AGE: Years 28 | Months 7 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Fredericktown (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Lead Miner

11. Industry or business Lead Mines

FATHER
12. Name Luther Francis
13. Birthplace Fredericktown (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Janie Copeland
15. Birthplace Fredericktown (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Mrs Ruth Francis
(b) Address Fredericktown Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 7-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley Dixon Funeral Home
(b) Address Fredericktown, Missouri

19. (a) JUL 14 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 13 year 1945 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis

Due to Non-Epidemic

Due to Pending

80

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Patrick E Taylor (M. D. or other)

Address Dep. Cor. Date signed 7/14/45

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1945

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. 3472

P. O. Address 4911 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.