S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

#45097

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25643

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7545

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 3 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 62

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

(d) Street No. Fredrickstown Mo. 1 NR.
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clyde Francis

3. (b) If veteran, name war World War #2

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 21 (Day) 1922 (Year)

8. AGE: Years 23 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Madison County Mo. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name Albert Francis
13. Birthplace Madison County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Graham
15. Birthplace Madison County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Elizabeth Francis
(b) Address 507 W Marvin St. Fredrickstown Mo.

17. (a) Motor (Burial, cremation, or removal) (b) Date thereof 8 (Month) /30 (Day) /45 (Year)
(c) Place: burial or cremation Fredrickstown Mo.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) AUG 29 1945 (Date received local registrar) (b) J. F. Bresnek (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug. day 28th
year 1945 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from 8/16/45, 19, to 8/28/45, 19;
that I last saw him alive on 8/28/45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis

Due to Perforated peptic ulcer

Due to

Other conditions (Include pregnancy within 3 months of death) Atelectasis of the lower lobe of the left lung

Major findings of operations Perforation of wall of duodenum

Autopsy Generalized peritonitis, edema of lungs, atelectasis

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 Peter Thomas (M. D. or other)

Address 1515 Lafayette Date signed 8/28/45

(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1945

SEP 18 1945

OCT 34 1945

OCT 1 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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.