S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43031

FILED DEC 31 1947

Registration District No. 818

Primary Registration District No. 1005

Registrar's No. 11574

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital- ax C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether Memorial NR
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town ~~2203 Alameda Ave.~~ Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 2203 Alameda Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES FRANCIS
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 Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 23, 1881 (Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Iron Mt., Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Nooh Francis
13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Meeker
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Fred Francis
(b) Address HerCulaneum, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Doe Run Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) DEC 19 1947 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th year 1947 hour 2 minute 00 P M.

21. I hereby certify that I attended the deceased from , 19 , to 12/17/47 19 ; that I last saw him alive on 12/17/47 , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Squamous cell Carcinoma of Lung & metastases

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations same

Of autopsy none

Duration

PHYSICIAN

Underline the cause of 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 W. Dalton MD (Mode of other)
Address 1515 Lafayette 12/17/47 Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 H E Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.