

S. No. 2
I-1/47
5-17-39

11434

FILED APR 30 1948

State File No.

3879

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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.....
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 600
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2512 No. Market
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... JOSEPH LE FRANCOIS
 (b) If veteran, name war..... No
 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 23rd
 year..... 1948 hour..... 10 minute..... A M.
 21. I hereby certify that I attended the deceased from 4/2/48
 (a), 19....., to..... April 23rd 19..... 48
 that I last saw him alive on..... April 23rd 19..... 48
 and that death occurred on the date and hour stated above.
 Duration.....

4. Sex..... M 5. Color or race..... W
 6. (a) Single, widowed, married, divorced..... W
 (b) Name of husband or wife.....
 (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... September 29, 1880
(Month) (Day) (Year)

Immediate cause of death.....
Excipionary of the prostate gland for 3 yrs.
 Due to.....
 Due to..... 51
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
67 6 24 hr. min

9. Birthplace..... St. Louis, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation..... Confectionery Business

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause of which death should be charged statistically.

11. Industry or business.....
 12. Name..... Leon Le Francois
 13. Birthplace..... Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name..... Mary Du Rueg
 15. Birthplace..... Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant..... Lloyd Le Francois
 (b) Address..... 3450 a Giles Ave.
 17. (a) Burial (b) Date thereof..... 4/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Calvary Cemetery

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..... J. F. Brebeck (M, D, or other).....
 Address..... 1515 Lafayette Date signed..... 4/23/48

18. (a) Signature of funeral director..... Wacker, Haldub, P. F. Co.
 (b) Address..... 3634 Gravois, St. Louis, Mo.
 19. (a) APR 24 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Frank J. Paul

Licensed Embalmer No.....

1215

P. O. Address.....

St. Louis

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.