S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17761

FILED JUN 7 1948 86017

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 4779

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

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 #1 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1817 S. 14th Street 9
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 23

If yes, name country

3. (a) PRINT FULL NAME PAUL LE FRANCOIS

3. (b) If veteran, name war

3. (c) Social Security No. 499-01-3091

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Alma Le Francois

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October 5-1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	7	17	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Checker

11. Industry or business

FATHER
12. Name (Unknown) Le Francois
13. Birthplace France 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Chicago, Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Le Francois
(b) Address 1817 S. 14th Street

17. (a) Burial (b) Date thereof 5-25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Moydell Und. Co
(b) Address 1926 Allen Avenue

19. (a) MAY 24 1948 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22nd
year 1948 hour 10:15 minute A M.

21. I hereby certify that I attended the deceased from 5/19/48
, 19, to 5/22/48, 19;
that I last saw him alive on 5/22/48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	?
Due to	
Due to	
Other conditions Degenerative heart disease (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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. J. Atkinson Jr. (M. D. or other) M.D.
Address 1515 Lafayette Date signed 5/22/48

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

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.