

No. 300  
-10-47  
5-17-39  
-I 3906

FILED NOV 12 1948  
Registration District No. **318**

Primary Registration District No. **1003**

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-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  
 In this community.....  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County.....  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4004a Maffitt Avenue.  
(If rural, give location)  
 (e) Citizen of foreign country?.....(Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** Frances Land  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Luther Land  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased December 4 1874  
(Month) (Day) (Year)

**8. AGE:** Years 73 Months 10 Days 25  
 If less than one day hr. min.

9. Birthplace Leasburg Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business At Home  
 12. Name William Nixon  
 13. Birthplace Leasburg Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Martha Avery  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Duroso  
 (b) Address 456 Kingston Drive.  
 17. (a) Burial (b) Date thereof 11/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Leasburg, Missouri  
 18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.  
 19. (a) NOV 1 1948 (b) J. B. Paster  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10-29-48, year 1948 hour 2:02 minute..... P M.  
 21. I hereby certify that I attended the deceased from 10-23-48 to 10-29-48, 19.....  
 that I last saw her alive on 10-29-48 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration.....  
 Due to Generalized carcinoma  
 Due to Primary carcinoma of pancreas  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....  
 Of autopsy.....  
 PHYSICIAN H. G. [Signature]  
 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?  
 While at work? (Specify type of place) (a) Means of injury.....  
 23. Signature Joseph J. Muenster, M.D. and D. of Public Health  
 Address 1615 Lafayette Avenue Date signed 10-30-1948

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**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.....

P. O. Address.....

**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.**