

FILED JAN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43724**

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11247**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Lukes Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **St. Louis**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clayton** **4462**
 d. STREET ADDRESS (If rural, give location) **6464 Ellenwood**

3. NAME OF DECEASED
 a. (First) **Lela** b. (Middle) **W.** c. (Last) **Francis**

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 29, 1950

5. SEX **female**
6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
Dec. 13, 1888

9. AGE (In years last birthday) **62**
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY
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11. BIRTHPLACE (State or foreign country)
Detroit, Michigan

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
William O. Waters

13b. MOTHER'S MAIDEN NAME
Anna B. Freeman

14. NAME OF HUSBAND OR WIFE
Thomas Francis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME **ADDRESS**
Thomas Francis, 6464 Ellenwood

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral hemorrhage**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Arterio-sclerosis**
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
5 days
2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
10:30 AM 1/11

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?
321X

22. I hereby certify that I attended the deceased from **1945**, 19____, to **Dec 29, 1950**, that I last saw the deceased alive on **Dec 29, 1950**, and that death occurred at **9:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Anthony B. Bay, M.D.

23b. ADDRESS
3720 Washington

23c. DATE SIGNED
12-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE
1-2-51

24c. NAME OF CEMETERY OR CREMATORY
Bellfontaine Cem.

24d. LOCATION (City, town, or county) (State)
St. Louis, Missouri

DATE REC'D BY LOCAL REG. **JAN 7 1951**
REGISTRAR'S SIGNATURE
J. B. Lasser

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**
Wagoner 4911 Washington

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

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.