

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 40458
10157
Registrar's No.

FILED NOV 25 1953		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 40458	10157
BIRTH NO. _____		REGISTRAR'S NO. _____			
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Clayton		445 ² / ₁ d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 5-MONS.		e. STREET ADDRESS (If rural, give location) # 3 Southmoor Drive			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Katherine		b. (Middle) L.		c. (Last) Franciscus	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1953					
5. SEX F. /	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2		8. DATE OF BIRTH Jan. 31, 1868	
9. AGE (In years last birthday) 85		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Andrew Lindsay		13b. MOTHER'S MAIDEN NAME Jane Delaney		14. NAME OF HUSBAND OR WIFE James M. Franciscus	
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 Mrs. O.P.J. Falk, # 3 Southmoor Drive	
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) Arteriosclerosis & cerebral thrombosis 15 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosed arteries atherosclerosis 10 years 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 15 mos. 10 years
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X	
22. I hereby certify that I attended the deceased from 10/15/53 to 10/26/53, 1953, that I last saw the deceased alive on 10/14/53, 1953, and that death occurred at 7:22 a.m., from the causes and on the date stated above.					
23a. SIGNATURE V.P. Stack, M.D. 0		23b. ADDRESS 18 S. Kings Highway		23c. DATE SIGNED 10/26/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 28, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) St. Louis, Mo.		(State) _____			
DATE REC'D BY LOCAL REG. OCT 26 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly, 3840 Lindell Blvd.	

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

JAN 8 1954

DEC 11

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *356*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.