

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17852**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4882**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY OR TOWN <b>St. Louis</b>				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>										
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2545 Clifton Ave</b>				e. STREET ADDRESS (If rural, give location) <b>3 2545 Clifton Ave</b>				<b>2027</b>										
3. NAME OF DECEASED (Type or Print)			a. (First) <b>ALBERT</b>			b. (Middle) <b>OLIVER</b>			c. (Last) <b>FRANCY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-19-1956</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>3-16-1880</b>			9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HOUR Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Mail Carrier</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>						
13a. FATHER'S NAME <b>William Francy</b>				13b. MOTHER'S MAIDEN NAME <b>Jane Thomas</b>				14. NAME OF HUSBAND OR WIFE <b>Adela Francy</b>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Adela Francy</b>				ADDRESS <b>2545 Clifton Ave</b>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH						
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of Cerebral Arteries,</b>								<b>3 months</b>						
				ANTECEDENT CAUSES														
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <b>Generalized arteriosclerosis</b>								<b>6 months</b>						
				DUE TO (c) <b>Arteriosclerotic Heart Disease</b>								<b>6 months</b>						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.														
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>								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) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?										
22. I hereby certify that I attended the deceased from <b>Dec. 19, 1955</b> , to <b>May 19, 1956</b> , that I last saw the deceased alive on <b>May 19, 1956</b> , and that death occurred at <b>5:30 P.m.</b> , from the causes and on the date stated above.																		
23a. SIGNATURE <b>James P. Murphy, M.D.</b>						23b. ADDRESS <b>607 N. Grand Blvd., St. Louis</b>						23c. DATE SIGNED <b>5-21-56</b>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>				24b. DATE <b>5-21-1956</b>				24c. NAME OF CEMETERY OR CREMATORY <b>Mayfield Memorial Park</b>				24d. LOCATION (City, town, or county) (State) <b>Carlinville Ill Ill</b>						
DATE REC'D BY LOCAL REG. <b>MAY 21 1956</b>				REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Biegenhauer Bros.</b>				ADDRESS <b>6409 Gravois Ave</b>						

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
JBI-1750 / 607

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.....  
*Yau M. Simon*

Licensed Embalmer No. *434*

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.