

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046296

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12066**

STATE FILE NUMBER

AMENDED

<p>1. PLACE OF DEATH                  a. COUNTY _____                  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>                  Length of stay in 1b _____</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)                  a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                  c. CITY OR TOWN <b>Clayton</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>                  d. STREET ADDRESS <b>7116 Forsyth</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last  <b>ESTIL W. FRANCIS</b></p>			<p>4. DATE OF DEATH Month Day Year  <b>DECEMBER 24, 1961</b></p>
<p>5. SEX <b>male</b></p>	<p>6. COLOR OR RACE <b>white</b></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/>                  Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>7-17-1890</b></p>
<p>9. AGE (last birthday) <b>71</b></p>		<p>IF UNDER 1 YEAR Months _____ Days _____</p>	<p>IF UNDER 24 HR Hours _____ Min. _____</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  <b>Real Estate</b></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY _____</p>	<p>11. BIRTHPLACE (City and state or country) <b>Bowling Green Ky.</b></p>
<p>12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b></p>		<p>13a. FATHER'S NAME <b>John F. Francis</b></p>	<p>13b. MOTHER'S MAIDEN NAME <b>Victoria Thomas</b></p>
<p>14. NAME OF HUSBAND OR WIFE <b>Melva Francis</b></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  <b>no none</b></p>	
<p>17. INFORMANT Address  <b>Mrs. Melva Francis 7116 Forsyth Blv'd.</b></p>			<p>16. INTERVAL BETWEEN ONSET AND DEATH  <b>1 year</b></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).                  PART I. DEATH WAS CAUSED BY:                  IMMEDIATE CAUSE (a) <b>Hodgkins Disease</b>                  DUE TO (b) _____                  DUE TO (c) _____                  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>201x</b></p>			
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>		<p>PART III. If deceased was female was there a pregnancy in last 90 days.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <b>September, 1961</b> to <b>12/24/61</b> and last saw him alive on <b>12/24/61</b>                  Death occurred at <b>3:45 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title)  <b>F.R. Bradley, M.D.</b></p>		<p>22b. ADDRESS <b>BARNES HOSPITAL</b></p>	
<p>22c. DATE SIGNED <b>12/25/61</b></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify)</p>	
<p>23b. DATE <b>Dec 27, 1961</b></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <b>Nashville Tenn Local</b></p>	
<p>23d. LOCATION (City, town, or county) <b>Nashville Tenn.</b></p>		<p>23e. DATE RECD. BY LOCAL REG. <b>DEC 28 1961</b></p>	
<p>24. FUNERAL DIRECTOR <b>C.R. Lupton and Sons 7233 Delmar Blv'd.</b></p>		<p>25. REGISTRAR'S SIGNATURE <b>Loard Smith, M.D.</b></p>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

NEW NO.

**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

*Arnold W. Schoen*

Licensed Embalmer No.

*3864*

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.