

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis

Registration District No. 791

File No. 17990

Primary Registration District No. 1003

Registered No. 5203

(No. 4637 Cook Ave. St. 95 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Robert Tulton Franklin

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widower
(Write the word)

DATE OF DEATH May 24, 1914
(Month) (Day) (Year)

DATE OF BIRTH May 13, 1855
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 22, 1914, to May 24, 1914, that I last saw him alive on May 24, 1914, and that death occurred, on the date stated above, at 9:30 p. m.

AGE 59 yrs. — 11 mos. — 11 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Acute Pericarditis
(intentional) of heart, probably
due to Bright's disease

OCCUPATION (a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) Brick work

BIRTHPLACE (City or town, State or foreign country) Tennessee

(Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER John Franklin

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia

(Signed) Wm. M. Hamilton M. D. (Address) 1257 N. Kings Highway

MAIDEN NAME OF MOTHER Randia Owen

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) A. J. Trassler

Where was disease contracted If not at place of death?

(ADDRESS) 6558 Commonwealth

Former or usual residence _____

Filed MAY 25 1914 Mar. Starkloff REGISTRAR

PLACE OF BURIAL OR REMOVAL Oak Hill DATE OF BURIAL May 26, 1914

UNDERTAKER Parker and Co ADDRESS W. Pleurod

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

