

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

Do not use this space.

26000

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis Mo.** (No. **3338** **Minnesota Ave**)  
 City..... St. .... Ward.....

File No.....  
 Registered No. **7623**  
 St. .... Ward.....

**2. FULL NAME**

**Man G. Franklin (French)**

(a) Residence. No. **3338 Minnesota Ave**, St. **16** Ward.....  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 26-1913.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**14** | **2** | **0** | **=**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Roosevelt School**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

10. NAME OF FATHER **Walter Franklin**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

12. MAIDEN NAME OF MOTHER **"**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **"**

14. INFORMANT (Address) **Gustav French 3338 Minnesota Ave.**

15. FILED **AUG 27 1927** **Man G. Starkeoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 26 - 1927.**

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at **7:30 P.** m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**Acute Endocarditis**  
**31 N. M. A.**  
 CONTRIBUTOR (SECONDARY) **Chronic Int. Nephritis**  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....  
 WAS THERE AN AUTOPSY? **YES**

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) **P. S. Vito**, M. D.  
**8/27, 1927** (Address) **Coronet Co.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New Pickers Cem.** DATE OF BURIAL **Aug. 29, 1927.**

20. UNDERTAKER **Zeigenshain Bros. 2623 Cherokee St.** ADDRESS

N. B.—Every item of information 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. AGE should be stated EXACTLY.

~~Handwritten signature~~

Handwritten initials: ~~AA~~

Handwritten circled number: 1