

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

Do not use this space.

43224

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

No. 4498

Residence 791 1003

File No. ....

Registered No. 12530

St. ....

Ward) .....

**2. FULL NAME**

(a) Residence No. 4988 Durolean St. D Ward. ....

(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M.

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

Clara Franklin

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7-7-1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

62

5

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Painter

(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)

Mo.

10. NAME OF FATHER

Joe Franklin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Margaret Sims

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

Frank J. Over  
Coroner

15.

FILED

DEC 23 1925

Wm E. Stork

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-27 1928

17.

I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to .....

....., 19....., and that death occurred, on the date stated above, at 3-10 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis

13

12/27/28

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

Ch. Parenchymatous Nephritis

(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Frank J. Over M. D.

17 yrs 1928 (Address) Coroner

\*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

DATE OF BURIAL

New Pickers Cem

12/24 1928

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly

2039 Wash

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

