

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

Do not use this space.
29687

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **2446 3 2nd St.**)
St. Ward)

2. FULL NAME

Dorothy Ruth Franklin

(a) Residence, No. **2446 3 2nd St** St. **23** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Infant**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 19-1931**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
2 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Infant**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME **Anthony Franklin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

15. MAIDEN NAME **Clara Hagenaw**

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

17. INFORMANT (ADDRESS) **Anthony Franklin 2446 3 2nd St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **Aug 14 1931**

19. UNDERTAKER (ADDRESS) **E. J. Schurer 3125 Lafayette**

20. FILED **406 13 1931** **W. C. Frankel** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 13 1931**

22. I HEREBY CERTIFY, That I attended deceased from **May 19 1931** to **Aug 13 1931**
I last saw her alive on **Aug 12 1931**. Death is said to have occurred on the date stated above, at **10 a.m.**
The principal cause of death and related causes of importance were as follows:

Congenital debility due to premature birth Date of onset **5-19-31**

Other contributory causes of importance
159 159

Name of operation Date of
What test confirmed diagnosis? **None** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **William Brarar**, M. D.
(Address) **212 Sidney**

