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.

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

Do not use this space.

18164

File No. .....

Registered No. 4372

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. .....

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

**2. FULL NAME** Sarah Franklin

(a) Residence, No. 806 N 13th St., 25 Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-25-1877

7. AGE: YEARS 56 MONTHS 2 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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): Missouri

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): A Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem DATE 5/20 1933

19. UNDERTAKER (ADDRESS): Wm C. McDowell 3511 Franklin Ave

20. FILED NOV 19 1933 J. F. Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-8-, 1933, to 5-15-, 1933
I last saw her alive on 5-15-, 1933. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 930 Chronic Myocarditis | |

Other contributory causes of importance: 930

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin Lab 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? .....
If so, specify .....
(Signed) C. Smith M. D.
(Address) City Hospital #2