

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

Do not use this space.

33978

1. PLACE OF DEATH
 County St. Louis Registration District No. 788
 Township Webster Groves Primary Registration District No. 4471
 City Webster Groves (No. 425 Marion) St. _____ Ward _____

2. FULL NAME Celia Franklin
 (a) Residence, No. 425 Marion 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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 2 29

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

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) Russia

MOTHER FATHER

13. NAME Joseph Sobovitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Morris Franklin 425 Marion Webster Groves

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai DATE Sept 16 1934

19. UNDERTAKER (ADDRESS) Herman Rindskopf 5216 Delmar

20. FILED 9-15-1934 Julius R. Foxe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-1934

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1933, to 9/12, 1934
 I last saw her... alive on 9.12, 1934 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Contributory cause
Carcinoma of R. Breast Date of onset 10/32
50
1677
50
 Other contributory causes of importance: Causal Broncho pneumonia 9/13/34
Removal of breast
 Name of operation 1932 Date of 1932
 What test confirmed diagnosis? laboratory Was there an autopsy? _____

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) Freda J. Holdrege, M. D.
 (Address) 453 N. Taylor

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.

