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.

SEP 26 1935

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

Do not use this space.

28343

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No.
Township — Primary Registration District No. 4470 — Registered No. 91
City University City (No. 7339 A Amherst av St. Ward)

2. FULL NAME Teresa A Franklin
(a) Residence, No. 7339 a Amherst St., 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: 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) Feb 23 1886
7. AGE: YEARS 49 — MONTHS 6 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Electric
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

FATHER
13. NAME Walter B Franklin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Margaret Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT Margaret Franklin
(ADDRESS) 7339 a Amherst av
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug 26 1935
19. UNDERTAKER Arthur J Donnelly Und Co
(ADDRESS) 3840 Lindell Bl
20. FILED Aug 23, 1935 Lena V. Moeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to 8/23/35, 19..
I last saw her alive on 8/18, 1935. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Coronary Dis)	

Other contributory causes of importance: Hypertensive

Name of operation — Date of
What test confirmed diagnosis? — 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) Chas Hugh Nelson, M. D.
(Address) Humboldt Bldg

Humboldt Res

Je 0251

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