

07114 1937

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

32729  
Do not use this space.

791  
1008

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St Louis MO (d) Street No. Missouri Baptist Hosp St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sylvester J Franklin

(a) Residence, No. 4966 Walsh St St. 14  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Franklin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 53 6 29

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Ticket Agent  
9. Industry or business in which work was done, as saw mill, bank, etc. Southern Pac R R  
10. Date deceased last worked at this occupation (month and year) Sept 14 37  
11. Total time (years) spent in this occupation

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

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

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

17. INFORMANT (ADDRESS) Mrs Elizabeth Franklin 4966 Walsh St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept 22 1937

19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Unt Co 4228 So kinghighway Blyd

20. FILED 19 SEP 20 1937 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1937  
22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1937 to Sept 19 1937  
I last saw him alive on Sept 18 1937 Death is said to have occurred on the date stated above, at 1:30 m. Am  
The principal cause of death and related causes of importance were as follows:

Encephalitis Epidemic  
Date of onset Sept 13

Other contributory causes of importance: None

Name of operation None Date of Sept 13  
What test confirmed diagnosis? Spinal puncture 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 Bookkeeper  
(Signed) J. Bredek M. D.  
(Address) 402 North 13th

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.

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Dr Victor Hoffman, Director, Ill.  
12:30 to 3 PM.

STATEMENT BY LICENSED EMBALMER

I, Reinhold K. Lohman, Licensed Embalmer No. 3395

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Reinhold K. Lohman  
Licensed Embalmer No. 3395

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)