

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH1291
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **3512 Belle Ave.** Registered No. **1147**

(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.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Thomas Franklin 652**

(a) Residence, No. **3512 Belle Ave.** St. **2/** (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**

4. COLOR OR RACE **Negro**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1854**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **About 83 yrs.**

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

9. Industry or business in which work was done, as 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) **Louisiana**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Josephine Brown** (ADDRESS) **3512 Belle Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem** DATE **Feb. 1st 38**

19. FUNERAL DIRECTOR **A. Russell Undertaking Co.** (ADDRESS) **2732 Pine Street**

20. FILED **JAN 31 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 29 1938**

22. I HEREBY CERTIFY That I attended deceased from **Jan 1st**, 1938, to **Jan 28**, 1938.

I last saw him alive on **Jan 28**, 1938. Death is said to have occurred on the date stated above, at **6 a** m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Broncho Pneumonia

Chronic Myocarditis

Coronary Sclerosis

Other contributory causes of importance:

Chronic Nephritis

Chronic Bronchitis

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?.....

Do specify.....

(Signed) **Josephine Brown**, M. D.

(Address) **652 No Grand Blvd**

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. 2115

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.)