FILED JAN 11 1939

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

41348
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791

(b) Township Primary Registration District No. 1008 Registered No. 11040

(c) City St. Louis, Missouri (d) Street No. City Sanitarium 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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Magnolia Franklin 652

(a) Residence, No. 3310 Clifton 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: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-31-1915

7. AGE: Years 23 | Months ~~11~~ 1 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.: Nil

10. Date deceased last worked at this occupation (month and year): Nil

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aberdeen Mississippi

FATHER

13. NAME: Willie Franklin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mississippi

MOTHER

15. MAIDEN NAME: Idelia McSham Franklin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mississippi

17. INFORMANT (ADDRESS): Herbert P. Smith M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cemt. DATE Dec. 24 1938

19. FUNERAL DIRECTOR (NAME) J. W. Chambers, Funeral Home Co.
(ADDRESS) 3100 Franklin Ave.

20. FILED DEC 23 1938 J. B. Buder (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-19-1937, 19, to 12-20-38, 19
I last saw her alive on 12-20-38, 19. Death is said to have occurred on the date stated above, at 9:30 m P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Nervous system Syphilis (with convulsions)	1937
34	

Other contributory causes of importance:

Duodenal Ulcer	1937
Anemia	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? 1
If so, specify .....
(Signed) Herbert P. Smith M.D.
(Address) 5400 Arsenal St

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
Henry Goodin, or by .....

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

Signed Henry Goodin

Licensed Embalmer No. 3050

P. O. Address 3100 Franklin Av.

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.)

If this body is not embalmed, above space should be left blank.