

JAN - 3 1939

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

3754
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis, Registration District No. 784
 (b) Township Clayton, Primary Registration District No. 121 Registered No. 16
 (c) City Clayton (d) Street No. St. Louis County Hospt. 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 James Franklin,
 (a) Residence, No. _____ St. Valley Park, Mo.
 (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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>48</u>	<u>7</u>	<u>20</u>	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) May 1, 1938 11. Total time (years) spent in this occupation. 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas,

FATHER

13. NAME Thomas Franklin,

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

MOTHER

15. MAIDEN NAME Hester Homa

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

17. INFORMANT (NAME AND ADDRESS) Thos. Leachley,
7965 Frederick, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE Jan. 5, 1939

19. FUNERAL DIRECTOR (NAME AND ADDRESS) Shradel's Funeral Home
Bolton, Mo.

20. FILED JAN - 3 1939 T. R. Meyer M. D. P. H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1939

22. I HEREBY CERTIFY That I attended deceased from 11/27/38 19... to 1/3/39 19...
 I last saw him alive on 1/3/39 19... Death is said to have occurred on the date stated above, at 3:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis Date of onset Yes
131
 Other contributory causes of importance: Blockage of ureters, ?
cause unknown.

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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?
 If so, specify _____
 (Signed) A. A. Brewer M. D.
 (Address) St. Louis Co. Hosp.

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, or by.....

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

Signed

Theo Schrader

Licensed Embalmer No. *3066*

P. O. Address *Bellevue, Mo.*

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.