

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.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2127

1. PLACE OF DEATH:
 (a) County Saint Louis
 (b) City or town Kinloch
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Nil.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Eight years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saint Louis
 (c) City or town Kinloch
 (If outside city or town limits, write "RURAL")
 (d) Street No. Scott Ave. near Lix Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LOTTIE FRANKLIN
 (b) If veteran, name war Nil. (c) Social Security No. Nil.

20. DATE OF DEATH: Month 11 day 30th
 year 1939 hour 7:30 minute _____ M.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Victor Franklin 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 6, 1889
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-28, 1939, to 11-30, 1939;
 that I last saw her alive on 11-28, 1939; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>0</u>	<u>24</u>	_____ hr. _____ min.

Immediate cause of death Lobar Pneumonia Duration 5 days
Right Lung

9. Birthplace St. Louis County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Unemployed

Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
12. Name Jordan Carter
13. Birthplace St. Louis County Mo.
 (City, town, or county) (State or foreign country)
14. Maiden name Margaret Brook
15. Birthplace St. Louis Co. Mo.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Lottie Williams
 (b) Address Kinloch Missouri
17. (a) burial (b) Date thereof 12-5-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Pk. Cem.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Boyd Bros. Funeral Home
 (b) Address Lix & Stanza Aves. Kinloch Mo.
19. (a) DEC 5 1939 (b) R. R. Meyer
 (Date received local registrar's certificate) (Registrar's signature)

23. Signature J. S. Dorseman (M. D. or other)
1241 Lix St. Kinloch Mo. Date 12-4-39

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.....

Licensed Embalmer No.

P. O. Address.....

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.