

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Anthony Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Mathew Franklin

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-05-8727

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Franklin 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Dec. 24 (Month) (Day) (Year) 1876

8. AGE: Years Months Days If less than one day  
63 9 27 hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Furniture Salesman

11. Industry or business Andrew Franklin

12. Name Germany

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Minnette Hertz

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant 5975 Hartford

(b) Address Bural

17. (a) \_\_\_\_\_ (b) Date thereof Oct. 23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director A. Rindorf

(b) Address 5216 Delmar

19. (a) OCT 22 1940 (b) J. F. Decker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
St. Louis  
(c) City or town 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3975 Hartford  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

Oct. 21-40

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 304 M.

21. I hereby certify that I attended the deceased from Oct 10 40, 19\_\_\_\_, to Oct 21, 19\_\_\_\_, that I last saw him alive on Oct 20-1940, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis  
(pyonephritis)  
Due to non Calchous  
Due to 133a  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

\* Of autopsy pyonephritis

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 \_\_\_\_\_

23. Signature F. S. Permaud (M. D. or other) med  
Address 3115 S. Grand Date signed 10/22/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 16 1940

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**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.....

*Chas. W. Cooper*

Licensed Embalmer No.....

*383/0*

P. O. Address.....

*5216 Delmar*

**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, fact should be so stated above.**