No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36193

Registration District No. 784 | Primary Registration District No. 200 | Registrar's No. 2062

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 414 North Union Blvd. (If rural, give location) 5
(e) Citizen of foreign country? / (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Reynolds C. Frampton.
3. (b) If veteran, name war No.
3. (c) Social Security No. 497-07-5840
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara M. Doty Frampton
6. (c) Age of husband or wife if alive Abt. 50 years
7. Birth date of deceased February 3, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	8	4	____ hr. ____ min.

9. Birthplace Greenville, Penn. (City, town, or county) (State or foreign country)
10. Usual occupation Retired President
11. Industry or business Hudson-Frampton K. C. Co.
FATHER 12. Name Thomas Frampton,
FATHER 13. Birthplace Kitanning, Penn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Annie M. Stuart
MOTHER 15. Birthplace Penn. (City, town, or county) (State or foreign country)
16. (a) Informant Clara M. Frampton,
(b) Address 414 North Union Blvd.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane
19. (a) OCT 9 - 1941 (Date received local registrar) (b) E. G. McLaurin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th year 1941 hour 1 minute 1 A. M.
21. I hereby certify that I attended the deceased from July 25 1940, to 10/7/41, 19____; that I last saw him alive on 10/6/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	3 days (3)
Due to Diabetes Mellitus	over 14 Mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature T. C. Campbell (M. D. or Other)
Address 8029 Forsythe Blvd. Date signed 10/8/41

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 14 1941

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. 1994

P. O. Address. St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.