

FILED JAN 12 1944

3 1/2

State File No.

1003

Registrar's No.

11879

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:  
En route Home St. Phillips  
 (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 Bennie Franklin  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color Black 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: abt 1918  
 (Month) (Day) (Year)

8. AGE: Years 25 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Arkansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown  
 13. Birthplace unknown 9 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown 9  
 15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant James J. Fitzgerald  
 (b) Address 1300 Clark

17. Embalmed (b) Date thereof 12-21-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. K. Rupp  
 (b) Address 3500 Rutland St

19. (a) DEC 30 1943 (b) J. F. Brundage  
 (Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
 (c) City or town St. Louis 925  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1305 No 9th St  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month dec day 12  
 year 1943 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage Duration \_\_\_\_\_  
from laceration of heart with a  
knife in the hands of one  
Due to Public Refus. collect a  
laurel at 1714 Cole St.  
Due about 4:45 P.M. Dec. 12, 1943

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 167  
 Of operations \_\_\_\_\_  
 Of 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) Homicide  
 (b) Date of occurrence 12/12/43  
 (c) Where did injury occur? St. Louis  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? no (e) Means of injury knife  
 (Specify type of place) (Specify type of place)

23. Signature Alfred G. Keenan (M. D. or other) \_\_\_\_\_  
 Address Clayton Date signed 12/29/43

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

104

---

---

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