No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16343

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4346

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 15 days (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 911
(If outside city or town limits, write "RURAL")

(d) Street No. 3857 Aldine Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Robert Franklin

3. (b) If veteran, name war No

3. (c) Social Security No. 427-05-9294

4. Sex M.

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Franklin

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June (Month) 10 (Day) 1902 (Year)

8. AGE: 41 Years ~~Subnat 421~~ Months 10 Days 27 If less than one day hr. min.

9. Birthplace Green Wood, Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name Ed Franklin
13. Birthplace Montgomery Alabama
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dora Alexander
15. Birthplace — S.C. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Idella Johnson
(b) Address 3857 Aldine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-~~12~~ 13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. R. Beal Und
(b) Address 2726 Lucas ave

19. (a) MAY 11 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7, year 1944 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 22, 1944 to May 7, 1944; that I last saw him alive on May 7, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis (Bilateral with cavitation)	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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)

(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

23. Signature A. Moore 0 (M. D. ~~or other~~)

Address 2601 N. Whittier Date signed 5/9/44

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 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, fact should be so stated above.