

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Christian Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis, Mo.** **1720**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2843 Benton St.** **9**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mike I. Franklin**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **10**
 year **1945** hour **11** minute **30 P.M.**
21. I hereby certify that I attended the deceased from
8-6-45, 19____, to **9-11**, 19____
 that I last saw him alive on **9-10-45**, 19____
 and that death occurred on the date and hour stated above.

4. Sex **Male 0** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Lydia Franklin** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **May 6, 1888**
(Month) (Day) (Year)

Immediate cause of death _____
Myocarditis - chr.
Embrites
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____
 Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years **57** Months **4** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Machinist Helper**

11. Industry or business _____
12. Name **Louis Franklin**
13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Hannah Jacobson**
15. Birthplace **Russia** **6**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lydia Franklin**
(b) Address **2843 Benton St.**
17. (a) Burial **MUNY OLIVE Hebrew Cont** **(b) Date thereof** **9-13-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

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 **Leo A. Mullen** (M. D. or other) _____
Address **3239 N. Grand** **Date signed** _____

18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd**
19. (a) SEP 12 1945 (b) **J. W. Brudick**
(Date received local registrar) (Registrar's signature)

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

0
7
9

Dr. McClellan
2739 N. Grand
1/2-2

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address. *3840 Rensselaer*

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.