

S. No. 2
M-5-43
7. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31347

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 124

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution:
2201 North Benton
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(d) Street No. 2201 North Benton
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Franklin Singleton
(b) If veteran, name war
(c) Social Security No. 703-01-1508

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Alice Mae (Sherman) Singleton, Dec'd
6. (c) Age of husband or wife if
7. Birth date of deceased October 31, 1877

8. AGE: Years Months Days If less than one day
67 10 1

9. Birthplace Warren County, Missouri
10. Usual occupation Bridge watchman
11. Industry or business Wabash R.R. Co

12. Name James Singleton
13. Birthplace Warren County, Missouri
14. Maiden name Dora Lyles
15. Birthplace Warren County, Missouri

16. (a) Informant James Singleton
(b) Address Minfield, Mo.
17. (a) burial (b) Date thereof Sept 3-1945
(c) Place: burial or cremation Oak Grove-St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.
(b) Address 801 N. 2nd St. Charles, Mo.
19. (a) 9/4/45 (b) Ernest C. Park

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 1 year 1945 hour 2:10 minute A M.
21. I hereby certify that I attended the deceased from MAY 23, 1945, to SEPT 1, 1945, that I last saw him alive on AUG 31, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: ARTERIOSCLEROSIS 5 YRS
Due to
Due to
Other conditions: MYOCARDOSIS 6 MOS
Major findings: Of operations Of autopsy
PHYSICIAN

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature of physician: O. Alvin Gray (M.D. or other) M.D.
Address: ST. CHARLES MO Date signed: 9/4/45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-12-45

OCT 19 1945

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.....

Philip A. Museli

Registered Apprentice No. 388

working under my personal supervision.

Signed.....

John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St. Charles 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.