

**FILED FEB 7 1946**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

Registrar's No. **908**

**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:  
2720 E Franklin  
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2720 Franklin  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 25  
year 1946 hour 12 minute 5 A M.

21. I hereby certify that I attended the deceased from Jan 23  
Jan. 23, 1946, to Jan. 25, 1946  
that I last saw him alive on Jan. 25, 1946;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic Endocarditis Duration 4 yrs.

Due to Chronic Rheumatism 7 yrs

Due to Nephritis (Chronic) 10 yrs

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 J. Jones (M. D. or other) \_\_\_\_\_  
Address 2720 Franklin Date signed 1/26/46

3. (a) PRINT FULL NAME WARNER FRANKLIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 12 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 3 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

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

12. Name Willis J. Franklin

13. Birthplace Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Marah

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Souell

(b) Address 2720 E Franklin

17. (a) Burial (b) Date thereof Jan 29 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director F. H. Green

(b) Address 2915 Franklin

19. (a) JAN 28 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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

2512

**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 F. A. Geller

Licensed Embalmer No. 2963

P. O. Address. 2915 Franklin

**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.**