

No. 2
12-45
-17-39
X47070

FILED APR 8 1947
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State File No. _____
Registrar's No. 3214

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

(d) Length of stay: In hospital or institution 3 Mos.
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Tilford Franklin

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

4. Sex Male 2 5. Color or race Negro

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

6. (b) Name of husband or wife Berenice Franklin 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December 2, 1892
(Month) (Day) (Year)

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

54	3	21	hr. _____ min.
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9. Birthplace Paxico, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Berenice Franklin

(b) Address 1312 N. Newstead

17. (a) Burial (b) Date thereof 3/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine Street

19. (a) MAR 26 1947 (b) J. F. Bradeen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4156 Enright
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 9

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23
year 1947 hour 1 minute P M.

21. I hereby certify that I attended the deceased from 12-14, 1947, to 3-23, 1947
that I last saw him alive on Mar. 23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 108
Duration Undet.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Yes

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Edw. B. Williams (M. D. or other) 0

Address 2601 N Whittier Date signed 3/25/47

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

MOTHER FATHER

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 *Clark Young*
Licensed Embalmer No. *3371*
P. O. Address *St. Louis*

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.