S. No. 2
A—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

Registration District No. 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22230

Primary Registration District No. 1003

Registrar's No. 6065

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1615 Glasgow St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richmond Franklin
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Not known
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 28 1896
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	8	20	hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Doe Franklin
13. Birthplace Okla.
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dorsey Jones
15. Birthplace Ill.
(City, town, or county) (State or foreign country)
16. (a) Informant E. Rhodes
(b) Address 2601 N Whittier
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-47
(Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Clarke Young
(b) Address 2620 Lawton Blvd.
19. (a) JUN 24 1947 (b) J. F. Breden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18
year 1947 hour 8 minute 50 P M.
21. I hereby certify that I attended the deceased from June 6, 1947, to June 18, 1947; that I last saw him alive on June 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Pulmonary Tuberculosis	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN
(a) Underline the cause of 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 Edw. P. Williams (M. D. or other)
Address 2601 N. Whittier Date signed 6/23/47

Jefferson City Printing Co.
(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 Thomas Marshall Hobson Registered Apprentice No. 492, working under my personal supervision.

Signed Lyda Hughes

Licensed Embalmer No. 2938

P. O. Address St Louis 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.