S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32505

Registrar's No. 8782

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 23 days (Specify whether years, months or days)
In this community 15yrs

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. 3113 a Delmar
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Unk.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) ? (Day) 1875 (Year)

8. AGE: Years 72 | Months 8 | Days ? | If less than one day hr. min.

9. Birthplace Salisbury (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ? (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace ? (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Archie Green (Friend)
(b) Address 3113a Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetary
18. (a) Signature of funeral director Peoples Und. Co.
(b) Address 3100 Franklin Avenue
19. (a) SEP 19 1947 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1947 hour 8 minute 06 A.M.

21. I hereby certify that I attended the deceased from Aug. 22, 1947, to Sept. 14, 1947 that I last saw her alive on Sept. 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerosis, Generalized — Undet.
Senility
Due to
Due to
Other conditions Uterine Myoma
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
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 John B. Clayton (M. D. or ~~other~~)
Address 2601 N Whittier Date signed 9/15/47

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4184

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.