S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39661

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11100

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: 1230 Aubert Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 years
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. 1230 Aubert Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise A. Franklin
3. (b) If veteran, name war --
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Archie Franklin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 - 25 - 1873 (Month) (Day) (Year)
8. AGE: Years 74 Months 9 Days 7 If less than one day hr. min.
9. Birthplace Aberdeen, Mississippi
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Walker
13. Birthplace Aberdeen, Mississippi
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unk. Hibbler
15. Birthplace Aberdeen, Mississippi
(City, town, or county) (State or foreign country)
16. (a) Informant Geraldine Scales
(b) Address 1230 Aubert Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) DEC 3 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 2nd year 1947 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from October, 1947, to 12-2, 1947, that I last saw h.e.r. alive on 11-26, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	terminal
Due to: Hypertension	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 N. E. Smith (M. D. or ~~other~~)
Address 11 N. Jefferson Date signed 12-3-47

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 John K. Cunningham Registered Apprentice No. 452 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.