

No. 300
4-10-47
5-17-39
I 3906

Registration District No. **318** Primary Registration District No. **1003**

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

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:
1517 N. 15th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME May Franklin
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife late Clarence Franklin 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 14th, 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business William Alton

12. Name William Alton

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

14. Maiden name Mary Herman

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

16. (a) Informant Mrs. Elizabeth Wagner

(b) Address 2919 Rauschenbach Ave.

17. (a) Burial (b) Date thereof 2-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (c) Signature of funeral director H. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) Feb 16 1948 (b) J. F. Braxator
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 26 1517 N. 15th. St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February 14th
year 1948 hour 3:15 PM minute 59 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis caused by liver Abscess
Due to _____
Due to _____
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? _____

While at work? (Specify type of place) _____ (c) Means of injury _____
23. Signature Edmund A. Gentry (M. D. or other) _____
Address Deputy Coroner Date signed 2/16/48

08/11/2012



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 *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 S. Lamo*

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.