

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24582

State File No.

FILED JUL 16 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5627

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town)	c. LENGTH OF STAY (in this place) township)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	d. STREET ADDRESS (If rural, give location)
<u>St. Louis</u>	<u>Unknown</u>	<u>St. Louis</u>	<u>1120 a No. 18th</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer GPhillips Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Myra</u> b. (Middle) c. (Last) <u>Franklin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Yes</u>	8. DATE OF BIRTH <u>Aug 9, 1927</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months Days <u>0 21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ala.</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>

13a. FATHER'S NAME <u>Elijah Lawson</u>	13b. MOTHER'S MAIDEN NAME <u>Crease Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel Franklin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Franklin</u>	ADDRESS <u>1120 a No 18th</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary Edema Pyelonephritis, Chronic</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0570</u>

22. I hereby certify that I attended the deceased from 6-19, 1951, to 6-21, 1951, that I last saw the deceased alive on 6-21, 1951, and that death occurred at 7:45p m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. O. Richards</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>2601 N Whittier St.</u>	23c. DATE SIGNED <u>6-22-51</u>
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24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <u>June 25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mobile Ala.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>JUN 23 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Lester</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. C. Spear</u>	ADDRESS <u>4214 Delmas</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Christal E. Lewis

Student Embalmer No. *408*

working under my personal supervision.

Student *Christal E. Lewis*

Student Embalmer

Signed *J. C. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Selma*

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.