

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 39006
9947

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's <i>Superior</i>			e. STREET ADDRESS (If rural, give location) 1105 N. 13th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Julia		b. (Middle)	c. (Last) Franklin	4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 51		
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Aug. 16, 1912	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS/OR INDUSTRY Plastic Co.	11. BIRTHPLACE (State or foreign country) Lancaster, Ky. /		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Will Fulton		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Alfred Franklin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alfred Franklin 1105 N. 13th				
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mesenteric Vascular Occlusion</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 11-6-51 11-6-51
19a. DATE OF OPERATION 11-2-51	19b. MAJOR FINDINGS OF OPERATION Fibromyoma - uterus - bilat. salpingoophoritis					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 214X					
22. I hereby certify that I attended the deceased from 10-31, 1951, to 11-7, 1951, that I last saw the deceased alive on 11-7, 1951, and that death occurred at 1:16 A. m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>R. D. Shepard, M.D.</i>			23b. ADDRESS 2702 Franklin		23c. DATE SIGNED 11-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-12-51	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Mo		
DATE REC'D BY LOCAL REG. NOV 8 1951	REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. R. Dooney</i>		ADDRESS 1221 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clarence Adams

Licensed Embalmer No. 4755

P. O. Address 1221 N Grand

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.