

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **3099**
 Registrar's No. **1141**

BIRTH NO. **FILED FEB 11 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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 Saint Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If rural, give location) 21 2304 Chestnut	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) c. (Last) Franklin		4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1953	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Sept. 27, 1909
9. AGE (In years last birthday) 43		10. MONTHS 3	11. DAYS 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Louisiana
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Jordan Franklin	13b. MOTHER'S MAIDEN NAME Mary Richardson	14. NAME OF HUSBAND OR WIFE Minnie Franklin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 702094994	17. INFORMANT'S SIGNATURE OR NAME Mr. Ralph Hailey
		ADDRESS 2304 Chestnut

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchogenic Carcinoma DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 162X

22. I hereby certify that I attended the deceased from 19 ¹⁹ to 19, that I last saw the deceased alive on 19, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor (Doctor or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 1.30.53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 2, 1953	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. JAN 30 1953	REGISTRAR'S SIGNATURE Carl Smith	25. FEDERAL DIRECTOR'S SIGNATURE W. B. Koense	ADDRESS 1221 N. Grand Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. Crooks

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.