

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13322

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3633**

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY |                                  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS</b> )                                |  | c. LENGTH OF STAY (in this place)  | c. CITY OR TOWN <b>St. Louis</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>    |                                  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JUSTINE</b> b. (Middle) <b>JESSIE</b> c. (Last) <b>FRANKLIN</b> |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>APRIL 22, 1955</b>   |                                  |

|   |                               |   |                                      |   |                        |  |       |      |
|---|-------------------------------|---|--------------------------------------|---|------------------------|--|-------|------|
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>11--29--1866</b> | 9. AGE (In years last birthday) <b>88</b>                               | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days                      | Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>                         |                                      | 11. BIRTHPLACE (City and State or Foreign Country) <b>Ames Illinois</b> |                        | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |       |      |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>Phillip Grivette</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Jerome Franklin</b> |
|--|--|--|

|  |                               |   |
|--|-------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <b>Jessie Linnertz-1625 Ohio, E. ST. L.</b> ADDRESS |
|--|-------------------------------|---|

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, 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) <b>Pulmonary Infarction, multiple</b>  |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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? <b>465X</b> |
|---|--|--|

22. I hereby certify that I attended the deceased from **11-15-54**, 19\_\_\_\_, to **4-22-55**, 19\_\_\_\_, that I last saw the deceased alive on **4-22-55**, 19\_\_\_\_, and that death occurred at **12:00 PM**, from the causes and on the date stated above.

|   |   |                                 |
|---|---|---------------------------------|
| 23a. SIGNATURE <b>Leil R. Auer M.D.</b> (Degree or title) | 23b. ADDRESS <b>1515 Lafayette Avenue</b> | 23c. DATE SIGNED <b>4-22-55</b> |
|---|---|---------------------------------|

|  |                          |  |  |
|--|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b> | 24b. DATE <b>4/25/55</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b> |
|--|--------------------------|--|--|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <b>APR 25 1955</b> | REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home-1926 Allen Ave</b> ADDRESS |
|---|--|---|

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.....  
Signature of Student Embalmer

Signed *Reinhold K. Lohman*

Licensed Embalmer No. *339*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.