

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **28387**
Registrar's No. **7550**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7550		
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 St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				• STREET ADDRESS (If rural, give location) 18 31 So. Leonard Avenue 21890				
3. NAME OF DECEASED (Type or Print) a. (First) Dan b. (Middle) _____ c. (Last) Franklin, Jr.			4. DATE OF DEATH (Month) 8 (Day) 11 (Year) 56					
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-22-1924		
9. AGE (In years last birthday) 32		IF UNDER 1 YEAR Months 1 Days 19		IF UNDER 24 HRS. Hours 1 Min. 5				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dan Franklin			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Margaret Franklin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WV 2		17. INFORMANT'S SIGNATURE OR NAME Margaret Johnson		ADDRESS 3022 Clark Avenue		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot is a kind of abduction with laceration of aorta.</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) suffered when shot with gun in hands of party or parties</p> <p>DUE TO (c) abduction. Six victims of kidnapping and Lawton Street</p> <p>II. OTHER SIGNIFICANT CONDITIONS about 1:30 am, August 11th, 1956.</p>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) Homicide		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 11 56 1:30 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E981X				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:20 m., from the causes and on the date stated above.								
23a. SIGNATURE (In full name) Patrick E. Taylor Carver				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8.14.56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-14-56		24c. NAME OF CEMETERY OR CREMATORY Nashville, Tennessee		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. AUG 14 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.				

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.....
Fulton E. Leck

Licensed Embalmer No. *419*
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.