

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 291439

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 639

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE		3. DATE OF DEATH (Month) (Day) (Year)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis		4. DATE OF DEATH January 17, 1958	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 3817 Cook		5. AGE (In years last birthday) 8 years 11 6	
3. NAME OF DECEASED (Type or Print) a. (First) Dennis		b. (Middle) Franklin		6. CITIZEN OF WHAT COUNTRY? USA	
5. SEX Male		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH February 11, 1949	
9. COLOR OR RACE Negro		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school child		10b. KIND OF BUSINESS OR INDUSTRY school	
11a. FATHER'S NAME Dr. John Franklin		11b. MOTHER'S MAIDEN NAME Arlene Scott		11c. NAME OF HUSBAND OR WIFE	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. None		14. INFORMANT'S SIGNATURE OR NAME Dr. John L. Franklin 3817 Cook Ave.	
15. 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.		16. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus (traumatic) following injuries suffered when struck by auto operated by one Nellie Russell (nee) in vicinity of 330 pm., March 19, 1956. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		17. INTERVAL BETWEEN ONSET AND DEATH.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) Street		20c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo MO	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 19 56 3 pm		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. HOW DID INJURY OCCUR	
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 4:51 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Patrick E. Taylor, Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/19/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE January 19-58		24c. NAME OF CEMETERY OR CREMATORY Ypsilanti, Michigan	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith, M.D.		25. ADDRESS 1221 N. Howard	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin Blackman*
Licensed Embalmer No. *3*
P. O. Address *221 N.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.