

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026645

FILED VS. JUL 24 1959

Primary Registration District No. _____

Registrar No. **2 6494**

STATE FILE NUMBER

| | | | | | |
|---|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | | Length of stay in 1b 19 yrs. | | c. CITY OR TOWN ST. LOUIS |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mississippi River Foot of | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3312 Bell Ave. |
| 3. NAME OF DECEASED (Type or print) First GEORGE Middle Nagel Street Last FRANKLIN | | | 4. DATE OF DEATH Found Dead July 7 1959 | | Year 1959 |
| 5. SEX Male | 6. COLOR OR RACE Col. | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 15, 1915 | 9. AGE (last birthday) 43 | IF UNDER 1 YEAR Months 7 Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Aberdeen, Miss. | | 11. BIRTHPLACE (City and state or country) U. S. A. | |
| 13a. FATHER'S NAME Henry Franklin | | 13b. MOTHER'S MAIDEN NAME Henrietta Sims | | 14. NAME OF HUSBAND OR WIFE Freddie Franklin | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 486-20-3136 | | 17. INFORMANT Estella Miller 5651a Wells Ave. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation due to drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. MANNER OF DEATH Verdict Given at foot of Nagel Street | | 20b. PLACE AND DATE WHEN INJURY OCCURRED (Enter date of injury in Part I (a) or (b) or (c) or (d) or (e) or (f) or (g) or (h) or (i) or (j) or (k) or (l) or (m) or (n) or (o) or (p) or (q) or (r) or (s) or (t) or (u) or (v) or (w) or (x) or (y) or (z) or (aa) or (ab) or (ac) or (ad) or (ae) or (af) or (ag) or (ah) or (ai) or (aj) or (ak) or (al) or (am) or (an) or (ao) or (ap) or (aq) or (ar) or (as) or (at) or (au) or (av) or (aw) or (ax) or (ay) or (az) or (ba) or (bb) or (bc) or (bd) or (be) or (bf) or (bg) or (bh) or (bi) or (bj) or (bk) or (bl) or (bm) or (bn) or (bo) or (bp) or (bq) or (br) or (bs) or (bt) or (bu) or (bv) or (bw) or (bx) or (by) or (bz) or (ca) or (cb) or (cc) or (cd) or (ce) or (cf) or (cg) or (ch) or (ci) or (cj) or (ck) or (cl) or (cm) or (cn) or (co) or (cp) or (cq) or (cr) or (cs) or (ct) or (cu) or (cv) or (cw) or (cx) or (cy) or (cz) or (da) or (db) or (dc) or (dd) or (de) or (df) or (dg) or (dh) or (di) or (dj) or (dk) or (dl) or (dm) or (dn) or (do) or (dp) 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or (ww) or (wx) or (wy) or (wz) or (xa) or (xb) or (xc) or (xd) or (xe) or (xf) or (xg) or (xh) or (xi) or (xj) or (xk) or (xl) or (xm) or (xn) or (xo) or (xp) or (xq) or (xr) or (xs) or (xt) or (xu) or (xv) or (xw) or (xx) or (xy) or (xz) or (ya) or (yb) or (yc) or (yd) or (ye) or (yf) or (yg) or (yh) or (yi) or (yj) or (yk) or (yl) or (ym) or (yn) or (yo) or (yp) or (yq) or (yr) or (ys) or (yt) or (yu) or (yv) or (yw) or (yx) or (yy) or (yz) or (za) or (zb) or (zc) or (zd) or (ze) or (zf) or (zg) or (zh) or (zi) or (zj) or (zk) or (zl) or (zm) or (zn) or (zo) or (zp) or (zq) or (zr) or (zs) or (zt) or (zu) or (zv) or (zw) or (zx) or (zy) or (zz) | | |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ 6401 _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) John H. Randle | | 22b. ADDRESS 1300 Claes | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE July 10, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Greenwood | 23d. LOCATION (City, town, or county) St. Louis Co. Mo. | | |
| 24. FUNERAL DIRECTOR J. H. RANDLE & SON 3133 Bell Ave. | | 25. DATE RECD. BY LOCAL REG. JUL 9 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by NOT EMBALMED, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James H. Randle
Licensed Embalmer No. _____

P. O. Address _____

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.