

REC'D APR 12 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

8824  
Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... 2 Registration District No. 791  
 (b) Township ..... 1 Primary Registration District No. 1003  
 (c) City or St. Louis, Mo. (d) Street No. 2322 Pine Blvd. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Aaron Franklin

(a) Residence, No. 2322 Pine Blvd. St. 21  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
		M	Col.	Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF <u>Ada Franklin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/3/1878</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
	60	6	12	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Catener</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>			
MOTHER	15. MAIDEN NAME <u>Mary Ballard</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>			
17. INFORMANT (ADDRESS) <u>Inez Steel</u> <u>2322 Pine Blvd.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>3/20/1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Russell Und. Co.</u> <u>2732 Pine Blvd.</u>				
20. FILED <u>MAR 18 1939</u> <u>J.P. [Signature]</u> Local Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/5, 1938 to 3/15, 1939  
 I last saw him alive on 3/15, 1939. Death is said to have occurred on the date stated above, at 11:55 P.m.  
 The principal cause of death and related causes of importance were as follows:  
General arteriosclerosis -  
rosis  
 Date of onset 1

Other contributory causes of importance:  
Hemiplegia caused by cerebral hemorrhage

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 (Address) 3136 Chautauque

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X18805

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision..

Signed *Joel Russell*

Licensed Embalmer No. *2115*

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 this body is not embalmed, above space should be left blank.**