2 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33590

Registration District No. FILED OCT 2 1939

Primary Registration District No. 200

Registrar's No. 1680

1. PLACE OF DEATH:

(a) County Saint Louis 2

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 9-13-39 (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4400 Kennerly Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Andrew G. Franklin 652

3. (b) If veteran, name war World

3. (c) Social Security No. --

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife --

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Dec. 21, 1890
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	8	29	br. min.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -

FATHER
12. Name Andrew Franklin 1
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Turner
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clinical Clerk Vet.
(b) Address Adm. Fac., Jefferson Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23-39
(Month) (Day) (Year)

(c) Place: burial or cremation National

18. (a) Signature of funeral director [illegible]
(b) Address [illegible]

19. (a) SEP 22 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1939 hour 2 minute 15 A M.

21. I hereby certify that I attended the deceased from September 13, 1939 to September 20, 1939; that I last saw him alive on September 20, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, chronic (Hypertensive).	Unkn.
Due to Nephritis, chr., with edema &nitrogen retention.	Unkn.
Due to 131	
Cont: Arteriosclerosis, generalized	Unkn.
Other conditions Arterial Hypertension (Include pregnancy within 3 months of death)	Unkn.

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature C.W.HUGHES, Chief Med. Off. 1 (M. D. or other)
Address VAF., Jeff. Bs. Mo. Date signed 9-20-39

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3371

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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