

No. 2
1-13-40
17-39
X33159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8673 +
2083
Registrar's No.

Registration District No. 791A Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Saint Louis
(c) Name of hospital or institution: En route City Hospital
In street at 910 Aubert
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis 12/17
(If outside city or town limits, write "RURAL")
(d) Street No. 910 Aubert Avenue
(If rural, give location) 9
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Marion H. Franklin

3. (b) If veteran, name war No 3. (c) Social Security No. --

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced/Married

6. (b) Name of husband or wife Marie Adele Franklin 6. (c) Age of husband or wife if alive 68 (above years)

7. Birth date of deceased April 12, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	10	20	hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance work, retired.

11. Industry or business _____

12. Name Joel Franklin

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Jones

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie A. Franklin

(b) Address 910 Aubert Ave.

17. (a) Burial (b) Date thereof Mar. 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Craig Mortuary
4168 Washington

(b) Address MAR 5 1941

19. (a) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1941 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic haemorrhage due to fracture of dorsal spine, fractured pelvis and laceration of lung and liver, suffered when he was struck by Plymouth Sedan driven by one Paul Andrew Morgan, on A. Aubert Ave. about ten feet north of Hodiament Car-tracks, about 8:40 P.M., March 2nd, 1941. ACCIDENT.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 2:10

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident

(a) Accident, suicide, or homicide (specify) 3/2/1941

(b) Date of occurrence St. Louis, Mo.

(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? public place

23. Signature James J. [unclear]
While at work? _____ (Specify type of place) (e) Means of injury Car
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
7
9

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.....

Neal L. Paulson

Licensed Embalmer No.

4114

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, fact should be so stated above.