

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8562**  
Registrar's No. **2246**

Registration District No. **791**

Primary Registration District No. **100**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4126a Fairfax Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mattie McDaniel Franklin

3. (b) If veteran, name war -- 3. (c) Social Security No. 499-12-9979

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Elijah Franklin 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased November 13th, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 3 26 hr. min.

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

10. Usual occupation Maid  
Hat Shop

11. Industry or business  
12. Name Alfred McDaniel  
13. Birthplace Cortland Alabama  
(City, town, or county) (State or foreign country)  
14. Maiden name Janie Unavailable  
15. Birthplace Cortland Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernestine Roberts

(b) Address 4126a Fairfax Ave.

17. (a) Burial (b) Date thereof 3-14-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Ark Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) MAR 11 1942 (b) J. F. Brudick  
(Date received local authority) (Registrar's signature)

MEDICAL CERTIFICATION  
NO PHYSICIAN IN ATTENDANCE

20. DATE OF DEATH: Month March day 9th  
year 1942 hour 10.00 minute 2 a. 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 Arterial Apoplexy

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Manner of injury \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address 1300 Clark Ave. Date signed 3-10-42

844 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

James A. Johnson

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*James A. Johnson*

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**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.**