

FILED JAN 12 1942

Registration District No. 84

Primary Registration District No. 105

Registrar's No. 2561

96  
11  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Two years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 11

(c) City or town Glendale 1  
(If outside city or town limits, write "RURAL"):

(d) Street No. 709 Edwin Ave.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Franklin Bryant Washburn

3. (b) If veteran, name war No

3. (c) Social Security No. 261-28-4895a

4. Sex <u>M</u>	5. Color or Race <u>W</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
7. Birth date of deceased <u>May 20 1869</u> (Month) (Day) (Year)		6. (c) Age of husband or wife if alive <u>76</u> years

8. AGE: Years <u>73</u>	Months <u>6</u>	Days <u>16</u>	If less than one day hr. _____ min. _____
-------------------------	-----------------	----------------	--

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

10. Usual occupation Dry Goods Salesman Retired

11. Industry or business Marshall Field & Co.

12. Name Franklin Bryant Washburn

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

14. Maiden name Elizabeth Moody,

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

16. (a) Informant Metha K Washburn

(b) Address 709 Edwin Ave.

17. (a) Cremation (b) Date thereof 12/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director W. Wittberg General Home

(b) Address Helber Street Mo.

19. (a) DEC 7-1942 (b) D. McCarson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th. year 1942 hour 8 minute 45 p. M.

21. I hereby certify that I attended the deceased from Nov. 14 1942 to Dec. 6 1942  
that I last saw him alive on Dec. 1 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Bright's disease

Due to arteriosclerosis

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

Other conditions 13211  
(Include pregnancy within 3 months of death)

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

Of 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Paul E. Rutledge (M. D. or other) MD.  
Address Kirkwood Mo. Date signed 12-7-42

NOV 12 1948

**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 J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

**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.**