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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

LED JUN 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5285

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3110 Evans Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 9 21

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

(d) Street No. 3110 Evans Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Idella Franklin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored /

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

6. (b) Name of husband or wife Willie J. Franklin

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. (Month) 20 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	8	15	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry McShaw
13. Birthplace ? (City, town, or county) Miss. / (State or foreign country)

MOTHER
14. Maiden name Ida Addison
15. Birthplace ? (City, town, or county) Miss. / (State or foreign country)

16. (a) Informant Willie J. Franklin
(b) Address 3110 Evans Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6- (Month) 9- (Day) 43. (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Peoples Und. Co.
(b) Address 3100 Franklin Ave.

19. (a) JUN 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1943. hour 5:30 minute P1 M.

21. I hereby certify that I attended the deceased from June 1, 1943 to June 5, 1943 that I last saw her alive on 6/5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature William H. Fuhler (M. D. or other)

Address 901 N Vandeventer Date signed 6/8/43

(Licensed Embalmer's Statement on Reverse Side)

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. 4184

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.