V. S. No. 2
100M—2-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 32288

FILED OCT 23 1944

Registration District No. 848

Primary Registration District No. 1003

Registrar's No. 8799

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

**1. PLACE OF DEATH:**

(a) County: St. Louis

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

(c) Name of hospital or institution: Homer Phillips Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days) 2.5 years

In this community: 2.5 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: 100 102

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No.: 2608 Lawton (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Jesse Franklin

3. (b) If veteran, name war: none

3. (c) Social Security No. 492-16-003

4. Sex: Male 9

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Ethel Franklin

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

7. Birth date of deceased: May (Month) 4 (Day) 1910 (Year)

8. AGE: Years 34 Months 5 Days 10 If less than one day hr. min.

9. Birthplace: Shreveport (City, town, or county) / Louisiana (State or foreign country)

10. Usual occupation: Chauffeur

11. Industry or business:

MOTHER FATHER

12. Name: James Franklin

13. Birthplace: (City, town, or county) / Louisiana (State or foreign country)

14. Maiden name: Unknown

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

16. (a) Informant: Ethel Franklin

(b) Address: 2608 a Lawton Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-8-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: J. W. Hughes

(b) Address: 2620 Lawton

19. (a) OCT 17 1944 (Date received by registrar) (b) J. F. Bridock (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 14 year 1944 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal hemorrhage from gunshot wound of right lung and liver with [illegible] as ordered by Dr. Richards

Due to: [illegible] County 8:15 no Leonard Ave about 11:15 pm

Other conditions: Oct. 13 1944 (Includes pregnancy within 3 months of death)

Duration

Major findings: Of operations: No

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): Homicide

(b) Date of occurrence: Oct 3 1944

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury: see above

23. Signature: Alfred Perry (M.D. or other)

Address: Deceased Date signed 10/14/44

(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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

**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.**