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FILED APR 30 1948

Registration District No. **518** Primary Registration District No. **100** Registrar's No. **3818**

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: **6135 Dewey Ave.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **52 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **ado**

(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **6135 Dewey Ave.** **9**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **Mr. Julius E. Franklin**

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

3. (c) Social Security No. **none**

4. Sex..... **male**

5. Color or race..... **white**

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

6. (b) Name of husband or wife..... **Grace Franklin**

6. (c) Age of husband or wife if alive..... **50** years

7. Birth date of deceased..... **December 17th, 1895**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	4	4	hr. min.

9. Birthplace..... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Salesman**

11. Industry or business..... **Hargroves Realty Co,**

12. Name..... **Julius Franklin**

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

14. Maiden name..... **Antionette Rose**

15. Birthplace..... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Grace Franklin**

(b) Address..... **6135 Dewey Ave.**

17. (a) **Burial** (b) Date thereof..... **4-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Hy. Leidner U. Co.**

(b) Address..... **2223 St. Louis Ave.**

19. (a) **APR 22 1948** (b) **J. F. Brudack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **April** day..... **26**
year..... **1948** hour..... **3:00 AM** minute..... **N.**

21. I hereby certify that I attended the deceased from..... **3/8** 19**48**, to..... **4/27** 19**48**
that I last saw him alive on..... **4-20** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Occlusion**

Due to..... **9/11**

Due to..... **allergy (asthma)**

Other conditions.....
(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?..... **O.**

While at work?..... (Specify type of place)

23. Signature..... **J. F. Brudack** (M. D. or other) **MD**
Address..... **5600 S. Compton** Date signed..... **4/22/48**

Duration

1 wk

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

JUN 1 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 *John P. Buchholz*
Licensed Embalmer No. *1674*
P. O. Address *2223 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.