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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38121

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10643

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2031 Clark
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Evergreen Franklin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 5 (Day) 1902 (Year)

8. AGE: Years 46 Months 9 Days If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Arthur Neely

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

14. Maiden name Viola Hicks

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

16. (a) Informant Homer G Phillips
(b) Address 2601 N Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Dale Cemetery

18. (a) Signature of funeral director Pinkie Toney
(b) Address 3129 Lucas

19. (a) DEC 8 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1948 hour 12 minute 15 p M.

21. I hereby certify that I attended the deceased from Nov. 29, 1948 to Dec. 5, 1948 that I last saw her alive on Dec. 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
KIDNEYS - Hydronephrosis	Undet.
Due to	
Due to	
Other conditions Ureters - Dilatation (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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 Charles Frozer (M. D. or other)
Address 2601 N Whittier Date signed 12/6/48

(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. 337 N

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.