

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 27 1949

1003

State File No. 13756
3377

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u> ✓		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>	
c. LENGTH OF STAY (In this place) <u>36</u>		d. STREET ADDRESS (If rural, give location) <u>4221 E. Aldine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>			
3. NAME OF DECEASED (Type or Print) <u>ALMA</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>FRANKLIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 6, 1900</u>
9. AGE (In years last birthday) <u>48</u>		10. MONTHS <u>4</u>	11. DAYS <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAID</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	11. BIRTHPLACE (State or foreign country) <u>Troy, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Shell Hubbard</u>	
13b. MOTHER'S MAIDEN NAME <u>CORA DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>Clifton Franklin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carol Hubbard</u> ADDRESS <u>4350 1/2 East</u>
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Cervix (Advanced)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>ca. 9 mos.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>H8</u>	
DUE TO (c) <u>Anemia (secondary)</u>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>2/29/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biopsy friable cervix; Coumattage of uterus</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 24, 1949</u> to <u>Apr 11, 1949</u> , that I last saw the deceased alive on <u>Apr 10, 1949</u> , and that death occurred at <u>5 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Leona Smarton</u> (Degree or title)		23b. ADDRESS <u>4069 E. Easton Ave</u>	23c. DATE SIGNED <u>4/13/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>	24d. LOCATION (City, town, or county) (State) <u>ST. Louis County, MO</u>
DATE REC'D BY LOCAL REG. <u>APR 15 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Koonce</u> ADDRESS <u>1221 N. Grand</u>	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph E. Cooper

Licensed Embalmer No. 4600

P. O. Address 1221 N. Grand

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.