

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28242  
7770

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>0</b>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>7 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis</b>		8/20			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>				d. STREET ADDRESS (If rural, give location) <b>1529 South 8</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle)		c. (Last) <b>Franklin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 30 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>2 Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept 12, 1888</b>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>62</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>harborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Southern Railroad</b>		11. BIRTHPLACE (State or foreign country) <b>Atlanta, Georgia</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Carlton Franklin</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Fields</b>			14. NAME OF HUSBAND OR WIFE <b>Clara Franklin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Fate Franklin</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident (Thrombosis)</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Cholesterol Arterio Sclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>332X</b>					
22. I hereby certify that I attended the deceased from <b>8/21/51</b> 19 <b>51</b> to <b>8/30</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>8/30</b> , 19 <b>51</b> , and that death occurred at <b>6:15 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Chas. R. Froyer M.D.</b>				23b. ADDRESS <b>1419 Kansas</b>			23c. DATE SIGNED <b>8/31/51</b>		
24a. SPECIAL CREMATION, REMOVAL (Specify)		24b. DATE <b>Aug 31 - 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Douglass</b>		24d. LOCATION (City, town, or county) (State) <b>East St. Louis, Ill</b>			
DATE REC'D BY LOCAL REG. <b>SEP 1 1951</b>		REGISTRAR'S SIGNATURE <b>J. Paul Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>OFFICER - Funeral 2114 Madison</b>					

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

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 Jme

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Ben. H. Baldwin

Licensed Embalmer No.

2470

P. O. Address

E. St. Louis 20

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.