

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40205**
Registrar's No. **10236**

FILED DEC 2 1952

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 3932 Finney Ave.	

3. NAME OF DECEASED (Type or Print) Andrew Franklin	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 4 1952
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1896	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR 8 Days	11. UNDER 1 HR. 24 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employed	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Tate County, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Shay Franklin	13b. MOTHER'S MAIDEN NAME Fannie Franklin	14. NAME OF HUSBAND OR WIFE Effie Franklin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Effie Franklin	ADDRESS 2949 Montgomery
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease	DUE TO (b) Undetermined		Undet.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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? 416x

22. I hereby certify that I attended the deceased from **10-30**, 19**52**, to **11-4**, 19**52**, that I last saw the deceased alive on **11-4**, 19**52**, and that death occurred at **8:15a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward B Williams, M.D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 11-6-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) LeMay, Missouri
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DATE REC'D BY LOCAL REG. NOV 6 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE B. Koonce	ADDRESS 1221 N. Grand Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

W. H. W. Williams, M.D.

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 Quinton J. L. Swan

Licensed Embalmer No. 4580

P. O. Address 1221 1/2 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.