

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40460**

Registrar's No. **10413**

FILED NOV 25 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Webster Groves, Mo.	
c. LENGTH OF STAY (In this place) 10 Days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane		e. STREET ADDRESS (If rural, give location) 1312 Selma	
3. NAME OF DECEASED (Type or Print) a. (First) Kathryn b. (Middle) V. c. (Last) Franklin		4. DATE OF DEATH (Month) (Day) (Year) October 31, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 12, 1890
9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR: Months 2 Days 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and State or Foreign Country) Renault, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Drury		13b. MOTHER'S MAIDEN NAME Irma Krepps	
14. NAME OF HUSBAND/OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Gilbert W. Franklin, 1312 Selma, Webster Groves, Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolia, Embolic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease c Irritation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 12 days		10 yrs	
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	
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) (Minute) no		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200		22. I hereby certify that I attended the deceased from July 1953 , to _____, 19____, that I last saw the deceased alive on 31 Oct 1953 , and that death occurred at 3:15 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE John B. Briscoe M.D.		23b. ADDRESS Maplewood Mo	
23c. DATE SIGNED 11/1/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11-3-1953		24c. NAME OF CEMETERY OR CREMATORY Studt, Cemetery	
24d. LOCATION (City, town, or county) (State) Renault, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc.	
25. ADDRESS 2301 Lafayette, St. Louis, 4, Missouri		DATE REC'D BY LOCAL REG. NOV 2 1953	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		26. (Licensed Embalmer's Statement on Reverse Side)	

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 Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. G. Farris*.....

Licensed Embalmer No. *338*
P. O. Address *2301 Lafayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.