6.300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2778

BIRTH NO. FILED FEB 2 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0442

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Venice, 8120 8
d. STREET ADDRESS (If rural, give location) 1013 Calhoun Street

3. NAME OF DECEASED (Type or Print)
a. (First) WESLEY
b. (Middle)
c. (Last) FRANKLIN

4. DATE OF DEATH (Month) (Day) (Year) Jan 12, 1954

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 21, 1889
9. AGE (In years last birthday) 64 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator
10b. KIND OF BUSINESS OR INDUSTRY Granite City Steel
11. BIRTHPLACE (City and State or Foreign Country) Huntsville, Ala.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Cornelius Franklin
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Mary Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 357-01-4136
17. INFORMANT'S SIGNATURE OR NAME Mary Franklin — **ADDRESS** 1013 Calhoun, P.O. Madison, Ill

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Diabetic Gangrene of Foot — 2 weeks
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis

19a. DATE OF OPERATION 1/6/54
19b. MAJOR FINDINGS OF OPERATION Diabetic Thickening of Blood Vessels
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 260X

22. *I hereby certify that I attended the deceased from* 12/28, 1953, *to* 1/12, 1954, *that I last saw the deceased alive on* 1/12, 1954 *and that death occurred at* 2:35 m., *from the causes and on the date stated above.*

23a. SIGNATURE Frank Edward Wood (Degree or title)
23b. ADDRESS 928 North 2nd St. East St. Louis, Ill.
23c. DATE SIGNED 1/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 15, 1954
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) East St. Louis, Illinois (State)

DATE REC'D BY LOCAL REG. JAN 15 1954
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS** Marshall Funeral Home—East St. Louis, Ill.

(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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Thomas M. Hobson

Licensed Embalmer No. 4479

P. O. Address 2205 Missouri Ave.
East St. Louis, Illinoi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.