

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20480

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5177

1. PLACE OF DEATH a. COUNTY		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 town) <u>St. Louis</u> <input type="radio"/>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G. Phillips Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3110 Hickory</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u>		b. (Middle)	c. (Last) <u>Franklin</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>8</u> <u>54</u>		5. SEX <u>Male</u> <u>2</u>	
6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <u>0</u>	8. DATE OF BIRTH <u>August 16, 1950</u>	9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR Months <u>9</u> IF UNDER 6 HRS. Hours <u>22</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Ernest Franklin</u>	
13b. MOTHER'S MAIDEN NAME <u>Violetta McNeal</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Franklin</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		18. SOCIAL SECURITY NO. <u>None</u>	ADDRESS <u>3110a Hickory St.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>	
ANTECEDENT CAUSES. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		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"/>
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? <u>3533</u>		22. I hereby certify that I attended the deceased from <u>6-4</u> , 19 <u>54</u> , to <u>6-8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-8</u> , 19 <u>54</u> , and that death occurred at <u>2:20P</u> m., from the causes and on the date stated above.
23a. SIGNATURE <u>Helen Nash</u>		23b. ADDRESS <u>2601 N. Whittier</u>	23c. DATE SIGNED <u>6-10-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 11, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pine Bluff, Arkansas</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>JUN 10 1954</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Koance</u>	ADDRESS <u>1221 N. Grand</u>

WRITE PLAINLY—USING UNFADEING 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..... *Guyton Swan* .....

Licensed Embalmer No. *45-80*

P. O. Address *2212 Y...*

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.