

FILED MAR 5 1956

THE CITY OF ST. LOUIS  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1914**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Missouri</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> |  | c. CITY OR TOWN <b>St. Louis</b>  |  |
| c. LENGTH OF STAY (in this place) <b>8 days</b>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chronic Hospital</b>                               |  | e. STREET ADDRESS (If rural, give location) <b>5 5431 Bartmer Ave. 20510</b>  |  |

|  |                               |   |  |
|--|-------------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Sadie</b> b. (Middle) _____ c. (Last) <b>Franklin</b> |                               | 4. DATE OF DEATH (Month) <b>2</b> (Day) <b>22</b> (Year) <b>1956</b>  |  |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>   | 8. DATE OF BIRTH <b>11/6/1865</b>                                  |
| 9. AGE (In years last birthday) <b>90</b>  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b> |
| 10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>   |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>Unknown</b>   | 13b. MOTHER'S MAIDEN NAME <b>unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Henry Franklin Dec</b>                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>Unknown</b>   | 17. INFORMANT'S SIGNATURE OR NAME <b>Chronic Hospital, 5600 Arsenal</b> |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Arteriosclerosis</b>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Cardiovascular Disease</b>  |   |  |                                  |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION <b>334x</b>   | 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?   |

22. I hereby certify that I attended the deceased from **2/14**, 19**56**, to **2/22**, 19**56**, that I last saw the deceased alive on **2/22**, 19**56** and that death occurred at **10:35 AM** from the causes and on the date stated above.

|  |                                  |                                      |
|--|----------------------------------|--------------------------------------|
| 23a. SIGNATURE <b>George M. Janaka, M.D.</b> (Degree or title) | 23b. ADDRESS <b>5600 Arsenal</b> | 23c. DATE SIGNED <b>Feb 23, 1956</b> |
|--|----------------------------------|--------------------------------------|

|  |                          |   |  |
|--|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>2/24/56</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Co, Mo.</b> |
|--|--------------------------|---|--|

|   |  |   |                                    |
|---|--|---|------------------------------------|
| DATE REC'D BY LOCAL REG. <b>FEB 23 1956</b> | REGISTRAR'S SIGNATURE <b>J. Early Smith M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark</b> | ADDRESS <b>1125 Hodiamont Ave.</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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 266  
P. O. Address 1125 7th St

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.