

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-012591

FILED VS APR 4 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 2403** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b	c. CITY OR TOWN Wellston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6200 Etzel Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EFFIE Middle - Last FRANKLIN			4. DATE OF DEATH Month 2 Day - 27 Year - 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-16-1904	9. AGE (last birthday) 58 58	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HSWF		10b. KIND OF BUSINESS OR INDUSTRY HSWF	11. BIRTHPLACE (City and state or country) MO	12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME William DeVault		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE EDWIN FRANKLIN	
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. None	17. INFORMANT Address Edwin Franklin 6200 Etzel Ave.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septisemia		INTERVAL BETWEEN ONSET AND DEATH weeks
DUE TO (b) Left retroperitoneal abscess - Peritonitis		
DUE TO (c) Pelvic exenteration for recurrent Ca of cervix 4 years ago		

Handwritten signature and notes:
Condition of my...
about...
stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 171x	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **6:30 AM 2/27/60** to **8:00 PM 2/27/60** and last saw her **live on 8 PM**
Death occurred at **8 PM 2/27/60** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Peter K. Lekkas M.D.	22b. ADDRESS 5535 DELMAR BLVD ST. LOUIS, MO	22c. DATE SIGNED 2/28/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-2-60	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
24. FUNERAL DIRECTOR ADDRESS J. W. Clark F.H. 1125 Hodiamont Ave.	25. DATE RECD. BY LOCAL REG. MAR 1 1960	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lawrence M. Bill

Licensed Embalmer No. 4375
P. O. Address St. Louis, Mo. 23

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.