

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032455

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8485** STATE FILE NUMBER

FILED SEP 10 1962

VS 300 Rev. 4/59
1
2 **21**
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4 **2**
5 **1**
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7 **1**
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10
11
12 **90-0**
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DATE AMENDED
INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH a. COUNTY - -		b. CITY - (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb.	c. CITY OR TOWN St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4254 E. Lexington Ave.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4254 E. Lexington Ave.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Howard C. Franklin						4. DATE OF DEATH Month 8 Day 30 Year 62							
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH I/29/88		9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 7 Days 1	IF UNDER 24 HR Hours 1 Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Randolph, Ala.		12. CITIZEN OF WHAT COUNTRY USA.						
13a. FATHER'S NAME Frank Cober			13b. MOTHER'S MAIDEN NAME Annie ?			14. NAME OF HUSBAND OR WIFE Mamie 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.		17. INFORMANT Address Mamie Franklin 4254 E. Lexington 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) carcinomatosis carcinoma of prostate carcinoma of prostate								INTERVAL BETWEEN ONSET AND DEATH 6405 1040					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c) 177X								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 3 AM Month, Day, Year 3 AM 1962			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 FEBRUARY 1961 to AUGUST 1962 and last saw him ^{her} alive on Aug 29, 1962 Death occurred at 3 AM 3 AM m on the date stated above, and to the best of my knowledge, from the causes stated.								22a. SIGNATURE Morton A. Binder (degree or title) Morton A. Binder M.D.		22b. ADDRESS 4652 Maryland St. Louis 8		22c. DATE SIGNED 9-1-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/4/62	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) St. Louis Co. Mo.			(State)					
24. FUNERAL DIRECTOR Wright Funeral Home 3100 Easton Ave.				25. DATE RECD. BY LOCAL REG. SEP 1 1962		26. REGISTRAR'S SIGNATURE Roald Smith. M.D.							

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DEC 5 1962

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 Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 1100 Canton Ave

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.