MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048977
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3725

FILED JAN 10 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 815 Edna Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: DOUGLAS
Middle:
Last: FRANKLIN

4. DATE OF DEATH: Month Dec. Day 18 Year 1962

5. SEX: M
6. COLOR OR RACE: Caucasian
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-18-1962
9. AGE (last birthday)
IF UNDER 1 YEAR: Months Days 1
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Kirkwood, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Richard Douglas Franklin
13b. MOTHER'S MAIDEN NAME: Sandra King
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Richard D. Franklin- Address: 1757 W. Woodbine-Kirkwood Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): multiple congenital anomalies —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): meconium ileus, omphalocele,
DUE TO (c): Intestinal atresia & malrotation of intestines
INTERVAL BETWEEN ONSET AND DEATH: 1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Prematurity
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Birth, to death and last saw her/him alive on 18 Dec 62
Death occurred at " " on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title)
22b. ADDRESS: 634 N. Grand
22c. DATE SIGNED: 12 Dec

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-19-1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cem.
23d. LOCATION (City, town, or county) (State): Kirkwood 22, Mo.

24. FUNERAL DIRECTOR: Pfitzinger Mort-Kirkwood 22-Mo.
ADDRESS
25. DATE REC'D. BY LOCAL REG.: 12-19-62
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(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_____
Signature of Student Embalmer

Signed Ben E Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis County Mo

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.