

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

15156

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis Mo** (No. **City Hospital #**) ..... St. (Ward)

File No. ....  
Registered No. **3684**

2. FULL NAME

(a) Residence, No. **Lewis Franklin** ..... St. **21** Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**  
4. COLOR OR RACE **Colored**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **5-5-1899**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **35 11 17**  
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. **Coal Dealer**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **2002 P. Cars St. Louis**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Matthson Miss**  
13. NAME **Lewis Franklin**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Nashville Tenn**  
15. MAIDEN NAME **Sallie Hampton**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Swan Lake Miss**

17. INFORMANT **Dec. Franklin** (ADDRESS) **2013 P. Cars St.**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **Jeff Barron Park**, DATE **4-29**, 19**33**  
19. UNDERTAKER **Ellis Funeral Home** (ADDRESS) **2820 Woodland St.**  
20. FILED **Mar C Stover** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-22**, 19**33**  
22. ~~No physician in attendance~~ I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **8:25** p. m.  
The principal cause of death and related causes of importance were as follows:

**Haemorrhage of left lung due to punctured of lung caused by knife in the hands of parties unknown, in St. Louis, Mo.**  
Other contributory causes of importance:

**Homicide**  
Name of operation ..... Date of .....  
(What test confirmed diagnosis? ..... Was there an autopsy? **Yes**.)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: **Homicide** Date of injury **4/22, 1933**  
Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. **Public Place**  
Manner of injury **stabbed with knife**  
Nature of injury **Haemorrhage of left lung**

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify .....  
(Signed) **Harold P. Hayes** (Address) **2013 P. Cars St.**

4/24/33

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

66  
22  
22  
22

