

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1949

State File No. 2212
Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2212		Registrar's No. 1003			
1. PLACE OF DEATH a. COUNTY 4319^B Cook Ave COOK				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MO							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4314^B Cook Ave				1		d. STREET ADDRESS (If rural, give location) 4319^B COOK AVE. 0'					
3. NAME OF DECEASED (Type or Print) LULA FREESTONE			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 3 7 1949		
5. SEX F		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH APRIL 11-1868		9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Days 10 Hours 24 IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST LOUIS MO MO			12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		
13a. FATHER'S NAME PETER BAILEY				13b. MOTHER'S MAIDEN NAME MATTIE ROUNTREE				14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Lourence Freestone ADDRESS 4319 Cook Ave					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Chronic Rheumatism DUE TO (b) 83y DUE TO (c) French + Spanish Flu II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 57mo	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 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 Oct. 25 , 19 49 , to Mar. 7 , 19 49 , that I last saw the deceased alive on Mar 4 19 49 and that death occurred at 8 m., from the causes and on the date stated above.											
23a. SIGNATURE Daniel H. Stoddard (Degree or title) M.D.						23b. ADDRESS 925 N. Jefferson Ave.			23c. DATE SIGNED 3/8/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-19-49		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO					
DATE REC'D BY LOCAL REG. MAR 10 1949		REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE R. F. Walton ADDRESS 2707 Stoddard					

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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.

Signed Arthur L. Heilliard.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4221.....

P. O. Address 4049 St. Ferdinand.....

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 this body is not embalmed, fact should be so stated above.