

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24585

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1003

State File No.

Registrar's No. 6409

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No. 6409					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) <u>59 Yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			3169				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3657 Dunnica Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>3657 Dunnica Avenue</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>B.</u>			c. (Last) <u>Freeman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 20, 1891</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WEEK Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Sgt.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>City Police Dept.</u>				11. BIRTHPLACE (State or foreign country) <u>Little Rock, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Robert C. Freeman</u>				13b. MOTHER'S MAIDEN NAME <u>Hattie Mae Armstrong</u>				14. NAME OF HUSBAND OR WIFE <u>Bernice Hyde Freeman</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bernice Freeman, 3657 Dunnica Ave.</u>							
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, asthma, etc. It means the disease, injury, or complication which caused death.													
MEDICAL CERTIFICATION													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>										INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>													
DUE TO (c) <u>7</u>													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>													
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>			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) (Min.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>H201</u>							
22. I hereby certify that I attended the deceased from <u>5-1-51</u> , 1951, to <u>7-16-</u> , 1951, that I last saw the deceased alive on <u>7-16-</u> , 1951, and that death occurred at <u>3:00P</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____						23b. ADDRESS <u>Beaumont Blvd</u>			23c. DATE SIGNED <u>7-17-51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>						
DATE REC'D BY LOCAL REG. <u>JUL 18 1951</u>				REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEI DERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Richard A. Jones
3720 Washington Ave.

JE 1057

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Delix J. Krupine

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.