

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31255

State File No.

FILED SEP 19 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 298

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>West Elvins</u>		c. CITY OR TOWN <u>West Elvins</u> <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Paul</u> b. (Middle) <u>Erwin</u> c. (Last) <u>Freeman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 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>Jan. 25-1897</u>	9. AGE (In years last birthday) <u>54-7-10</u>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Crate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hammels Engineering Co</u>	11. BIRTHPLACE (State or foreign country) <u>Hant County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Mr. George Freeman</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Quinley</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Hicks 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>499-03-5615</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Ethel Hicks Freeman (Wife), West Elvins, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombo-embolic Cerebrovascular</u>		DUE TO (b) <u>Deep foot thigh</u>		<u>5 wks</u>
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>metastatic pleural effusion</u>		11. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>162x</u>	20. 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) (Min)	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 July 51, 1951, to Sept 5, 1951, that I last saw the deceased alive on 7-5, 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Keebe M.D.</u> (Degree or title)	23b. ADDRESS <u>Desloge, Mo.</u>	23c. DATE SIGNED <u>9-7-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 8-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leaderton Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 14, 1951</u>	REGISTRAR'S SIGNATURE <u>Eathers Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alvin W. Hood 303 Cream St. Flat B, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No.
DISTRICT HEALTH OFFICE NO.

SEP 17 1951

RECEIVED

SEP 27 1951

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
Student Embalmer

Signed Alvin W. Hood.

Licensed Embalmer No. 2780

P., O. Address 303 Cleveland Blvd. River, Md.

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.