

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9958**
Registrar's No. **2721**

FILED APR 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <u>City</u>			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) <u>St. Louis 12, Mo.</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis 12, Mo.</u>		<u>2059</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>826 Clara Ave.</u>		
3. NAME OF DECEASED a. (First) <u>Miss Ann</u>		b. (Middle) <u>Eliza</u>	c. (Last) <u>Freeman</u>		4. DATE OF DEATH <u>Mar. 21, 1952</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 14, 1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Bolivar, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles W. Freeman</u>		13b. MOTHER'S MAIDEN NAME <u>Mammie Hendrichs</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>050-16-2584</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom W. Freeman, 5712 Cabanne Ave. City</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			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) _____			_____		
DUE TO (c) _____			_____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0</u>			_____		
19a. DATE OF OPERATION <u>9-25-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca. of sigmoid colon</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21. HOW DID INJURY OCCUR? <u>153X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>9-24, 1950</u> , to <u>3-21, 1957</u> , that I last saw the deceased alive on <u>5/20, 1957</u> , and that death occurred at <u>10:45 pm</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. R. B. Blaine, M.D.</u> (Degree or title)		23b. ADDRESS <u>3720 Washington Blvd</u>		23c. DATE SIGNED <u>3/21/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>Mar. 24, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MAR 24 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons, Inc.</u> ADDRESS <u>6175 Delmar Blvd.</u>		

Dr. John W. Henderlite
4500 Olive St.
Lister Bldg.
Fo. 3824
Office Hrs.

Dr. Leo J. LeBlanc
3720 Washington Ave.
Beaumont Bldg.
Je. 6111
Before 1 PM Saturday

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.....

Jos. E. McCulloch

Signed.....
Student Embalmer

Licensed Embalmer No. *2460*

P. O. Address *6120 P. Elm*

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.