

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14273**
Registrar's No. **3364**

APR 25 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3364		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2259		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 25 Annex Hotel, 615 Walnut St				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) A. c. (Last) Freeman			4. DATE OF DEATH (Month) (Day) (Year) April 9, 1952					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 18, 1888	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 MRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coffee Blender		10b. KIND OF BUSINESS OR INDUSTRY Coffee Manuftr.		11. BIRTHPLACE (State or foreign country) Grider, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George Freeman			13b. MOTHER'S MAIDEN NAME Alice Miller		14. NAME OF HUSBAND OR WIFE Myra Freeman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Freeman, 6316 Graham Road.				
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; Subdural Hemorrhage; suffered from loss of balance and fell down a flight of steps leading from 1st floor to the 3rd floor at Annex Hotel at 615 Walnut St on Apr 5 1952 at about 5:12 pm ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 5:12 pm Accident 000				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 5 5:52 5p		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9006-45				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:20 AM m., from the causes and on the date stated above.		
23a. SIGNATURE Joseph M. Freeman			23b. ADDRESS 31300 Clark			23c. DATE SIGNED 4/10/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Lowe City Cemetery		24d. LOCATION (City, town, or county) (State) Lowe, Kentucky.		
DATE REC'D BY LOCAL REG. APR 10 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Missouri.				

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.

Student
Student Embalmer

Signed *L M White* _____

Licensed Embalmer No. *3973* _____

P. O. Address *Herguson Mo.* _____

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.