

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23106**

FILED JUN 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1551**

No. 300  
10.48

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay</b>	c. LENGTH OF STAY (In this place) <b>5 YRS.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay</b>	<b>4860</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8435 Tennessee</b>		d. STREET ADDRESS (If rural, give location) <b>8435 Tennessee</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b> b. (Middle) _____ c. (Last) <b>Freeman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 10 1952</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 16 1869</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Postal Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Gumm</b>		14. NAME OF HUSBAND OR WIFE <b>Sarah</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Daisy Karcher 8435 Tennessee</b>			
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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) <b>Myocarditis</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Serility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from **4-15, 1947** to **6-10, 1952**, that I last saw the deceased alive on **6-9, 1952**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. M. Adkins M.D.</b>		23b. ADDRESS <b>4015 Humphrey</b>	23c. DATE SIGNED <b>6-11-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-12-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>6-12-52</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Donke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. P. Fendler Jr. 7128 Michigan</b>		
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**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

*Clarence Lockow*

Licensed Embalmer No. \_\_\_\_\_

3093

P. O. Address \_\_\_\_\_

7148 Michigan

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.