

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29455

State File No.

SEP 3- 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 7938

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2219	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 21 3147 Bell	
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle)	
c. (Last) Freeman		4. DATE OF DEATH (Month) (Day) (Year) Aug. 19 1952	
5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH 2-11-1919
9. AGE (In years last birthday) 33		10. MONTHS 6	11. DAYS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Potter		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry Freeman		13b. MOTHER'S MAIDEN NAME Winetta Green	
14. NAME OF HUSBAND OR WIFE Martha Freeman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 430-12-0841	
17. INFORMANT'S SIGNATURE OR NAME Bertha Freeman		ADDRESS 3147 Belle Ave.	
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) Tuberculosis of Thoracic Spine with paralysis both lower extremities		INTERVAL BETWEEN ONSET AND DEATH Undet.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis, Far Advanced		"	
DUE TO (c) Undetermined			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 002X			
22. I hereby certify that I attended the deceased from 2-16, 19 52, to 8-19, 19 52, that I last saw the deceased alive on 8-19, 19 52, and that death occurred at 10:10 p. m., from the causes and on the date stated above.			
23a. SIGNATURE Charles P. Harde		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 8-20-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5		24b. DATE 8-22-52	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Little Rock Arkansas	
DATE REC'D BY LOCAL REG. AUG 21 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home		ADDRESS 2820 Stoddard St.	

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Calkin

Signed
Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Shawnee 137m

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.