

FILED OCT 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36377**
Registrar's No. **9152**

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

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, Missouri** c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2209**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital #1**

d. STREET ADDRESS (If rural, give location)
20 2305a. Cass Ave.

3. NAME OF DECEASED
a. (First) **THOMAS** b. (Middle) _____ c. (Last) **FREEMAN**

4. DATE OF DEATH (Month) (Day) (Year)
October 2, 1952

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Sept. 25, 1879** 9. AGE (In years last birthday) **73**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired Barber**

10b. KIND OF BUSINESS OR INDUSTRY: **Self**

11. BIRTHPLACE (City and State (or Foreign Country)) **Illinois**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Linda Freeman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Linda Freeman** ADDRESS **2305a Cass Ave.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Vascular accident**

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Atherosclerosis**

II. 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 _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **331X**

22. I hereby certify that I attended the deceased from **August 25, 1952** to **October 2, 1952**, that I last saw the deceased alive on **October 2, 1952**, and that death occurred at **3 A.** m., from the causes and on the date stated above.

23a. SIGNATURE **Hubert B. Zimmerman MD** (Degree or title) 23b. ADDRESS **1515 Lafayette Ave.** 23c. DATE SIGNED **10-2-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct 4, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **OCT 3 1952** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Leidner Und. Co.** ADDRESS **2223 St. Louis Av.**

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.