

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27156

State File No. _____

FILED AUG 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2046

No. 300
10.48
003
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4227 Monroe Ave</u>		d. STREET ADDRESS (If rural, give location) <u>4227 Monroe Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carman</u> b. (Middle) _____ c. (Last) <u>Freeman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 5-1900</u>
9. AGE (In years last birthday) <u>52</u>		10. MONTHS <u>8</u>	11. DAYS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Trailer</u>		10b. KIND OF BUSINESS OR SERVICE <u>Printer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ralston Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>E. L. Freeman</u>		13b. MOTHER'S MAIDEN NAME <u>Nattie Fuller</u>	
14. NAME OF MARRIAGE OR WIFE <u>Nattie Freeman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>420-01-2839</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nattie Freeman</u> ADDRESS <u>4227 Monroe</u>	
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) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of liver</u> DUE TO (c) <u>Carcinoma of spine</u> 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 <u>Carcinoma of liver and spine</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>	
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? _____	
22. I hereby certify that I attended the deceased from <u>8-20, 1940</u> to <u>7-26, 1953</u> , that I last saw the deceased alive on <u>7-26, 1953</u> , and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Sterling McD.</u> (Degree or title) _____		23b. ADDRESS <u>Maplewood Mo.</u>	
23c. DATE SIGNED <u>7/26/53</u>		24. BURIAL, CREMATION, OR REMOVAL OF BODY 24b. DATE <u>7-28-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>East Side Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Martin Tenn.</u>	
DATE REC'D BY LOCAL REG. <u>7-27-53</u>		REGISTRAR'S SIGNATURE <u>J. R. Donohue</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp</u>		ADDRESS <u>Kirkwood</u>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 6 1953

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 Felix Hurand

Licensed Embalmer No. 3074

P. O. Address McKevood 22 W

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.