

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43997**

FILED JAN 4 1954

V. S. No. 300
REV. 10.48

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| BIRTH NO. _____ | | REG. DIST. NO. 310 | PRIMARY REG. DIST. NO. 6051 | Registrar's No. 26 |
| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles Rural | | c. LENGTH OF STAY (in this place) 5 Years | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Evangelical Emmaus Home | | e. STREET ADDRESS (If rural, give location) 1945 Warren Street | | |
| 3. NAME OF DECEASED (Type or Print) DOROTHY | | a. (First) | b. (Middle) | c. (Last) FREEMAN |
| 4. DATE OF DEATH December 27 1953 | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | |
| 5. SEX Female | 6. COLOR OR RACE White | 8. DATE OF BIRTH Feb-11-1930 | 9. AGE (in years last birthday) 23 | IF UNDER 1 YEAR Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | |
| 13a. FATHER'S NAME Charles Freeman | | 13b. MOTHER'S MAIDEN NAME Dorothy Henry | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Theophil Stoerker - St. Charles, Missouri | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Huntington's Chorea 10 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 355 X | | 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) (Min.) | | 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 Dec 25, 1953 to Dec 27, 1953 that I last saw the deceased alive on Dec 23, 1953 , and that death occurred at 11:30 m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE A. P. Erich Schurz (Degree or title) | | 23b. ADDRESS St. Charles Mo. | | 23c. DATE SIGNED Dec 29/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec 30 1953 | 24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| DATE REC'D BY LOCAL REGISTRY Dec 29 1953 | REGISTRAR'S SIGNATURE Hannie Hurdell | 25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden Funeral Home Inc ADDRESS Beiderwieden F.H. Inc. 1936 St. Louis Ave. | | |

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

0920

Dr. A. P. E. Schulz
First National Bank Annex
Main & Jefferson
St. Charles, Missouri
Office Hours 2:30 to 3:30

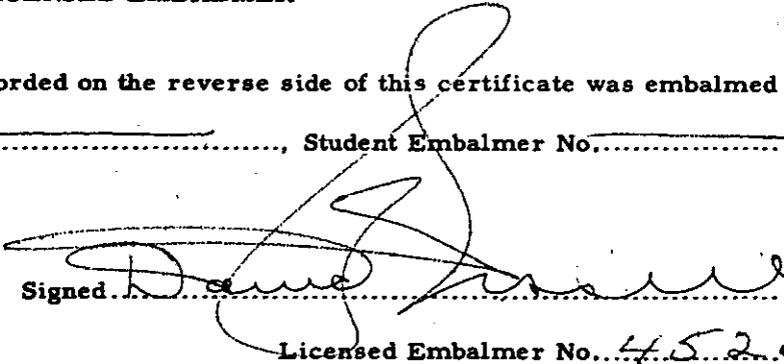
JAN 6

1930

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 _____
Signature of Student Embalmer

Signed  _____
Licensed Embalmer No. 452

P. O. Address St. Louis

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**