

STANDARD CERTIFICATE OF DEATH

State File No. 10034
2518

FILED MAR 30 1954

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2199	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 4419 Washington	

3. NAME OF DECEASED (Type or Print) Georgia Freeman			4. DATE OF DEATH (Month) (Day) (Year) 3 13 54		
5. SEX F Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 8, 1904	9. AGE (In years last birthday) 50	10. IF UNDER 1 YEAR Days 1
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	

13a. FATHER'S NAME Eddie Brown	13b. MOTHER'S MAIDEN NAME Amanda Johnson	14. NAME OF HUSBAND OR WIFE Jim Freeman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Caroline Goodman 4419 Washington
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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		INTERVAL BETWEEN ONSET AND DEATH Undt.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypertensive Heart Disease Chronic Arteriolar-nephrosclerosis 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. Uremia		

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)	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442X

22. I hereby certify that I attended the deceased from 3-5, 19 54 to 3-13, 19 54, that I last saw the deceased alive on 3-13, 19 54, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. B. Williams (Degree or title) M.D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 3-16-54
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24a. BURIAL, CREMATION, REMOVAL	24b. DATE March 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Oakdale	24d. LOCATION (City, town, or county) (State) Peemay, Missouri
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DATE REC'D BY LOCAL REG. MAR 19 1954	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EB Knaue 12217 Army
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WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Guylana Swann*.....

Licensed Embalmer No. *458*

P. O. Address *122 N. 4th*

¹² - 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.