No. 300
10-48

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

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14409

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 922

1. PLACE OF DEATH
a. COUNTY: St. Louis,
b. CITY OR TOWN: Richmond Heights [redacted] (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place): 18 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter
d. STREET ADDRESS (If rural, give location): 819 No. Walter 1031

3. NAME OF DECEASED (Type or Print)
a. (First): Jerry
b. (Middle): R.
c. (Last): Freeman

4. DATE OF DEATH (Month) 4 (Day) 17 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): never married
8. DATE OF BIRTH: Sept. 24, 1946
9. AGE (In years last birthday): 7 Yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Bernie, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Raymond Freeman
13b. MOTHER'S MAIDEN NAME: Evelyn Ellis
14. NAME OF HUSBAND OR WIFE: Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: R. Freeman **ADDRESS**: Dexter, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart disease

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

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* acute pericarditis

19a. DATE OF OPERATION: 4-6-54 4-17-54
19b. MAJOR FINDINGS OF OPERATION: Pulmonary artery Stenosis 7546
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30, 1954, *to* 4-17, 1954, *that I last saw the deceased alive on* 4-17, 1954, *and that death occurred at* 3:59 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C.R. Hanlon, M.D. / D. Wellman, M.D.
23b. ADDRESS: 1325 So. Grand. St. Louis
23c. DATE SIGNED: 4/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-19-54
24c. NAME OF CEMETERY OR CREMATORY: Local
24d. LOCATION (City, town, or county) (State): Dexter, Missouri.

DATE REC'D BY LOCAL REG. 4/19/54
REGISTRAR'S SIGNATURE: Herbert R. Sonke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Albert H. Hoppe 4700 Washington.

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1954

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 Fred J. Farmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4788

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.