

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34749

State File No.

XC 604106
REG. 11441 SL 466

BIRTH NO. FILED OCT 24 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8854

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

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 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 12		(If rural, give location) 5217 Kensington 21270	
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Freeman	
c. (Last) Freeman		4. DATE OF DEATH (Month) (Day) (Year) 10-8-1955	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-15-1891
9. AGE (in years last birthday) 64		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Foreman		10b. KIND OF BUSINESS OR INDUSTRY Steel Foundry	11. BIRTHPLACE (City and State or Foreign Country) Lake Hall, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ruffin Freeman	
13b. MOTHER'S MAIDEN NAME Emma H. Olmes		14. NAME OF HUSBAND OR WIFE Cleo Freeman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 492-09-3637	
(If yes, give year or dates of service) WWI		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
ANTECEDENT CAUSES CHRONIC PYELONEPHRITIS AND HYDRO-NEPHROSIS OF RIGHT KIDNEY AND RENAL LITHIASIS OF LEFT KIDNEY WITH HYDRO-NEPHROSIS AND ACUTE PYELONEPHRITIS		UNKNOWN	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) MORBID conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c) HEALING POSTERIOR MYOCARDIAL INFARCT		UNKNOWN	
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 6000	
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) m.		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 10-4, 1955, to 10-8, 1955, and that death occurred at 8:50a m., from the causes and on the date stated above.	
23a. SIGNATURE Carl H. Catman (Degree or title) M.D.		23b. ADDRESS VAH, ST. LOUIS, MO.	
23c. DATE SIGNED 10-8-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10-17-55		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		24e. (State)	
DATE REC'D BY LOCAL REG. OCT 11 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts		ADDRESS 1416 N. Taylor Ave.	

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. 1140

P. O. Address St Louis 15

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.