

FILED JUN 14 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5310**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>			Length of stay in lb <b>9 11</b>		d. STREET ADDRESS <b>4549 Page Blvd,</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Freda</b> Middle <b>Olivia</b> Last <b>Burch</b>			4. DATE OF DEATH Month <b>6</b> Day <b>4</b> Year <b>1957</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>October 27, 1912</b>		9. AGE (In years last birthday) <b>44</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Registered Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Duty Hosp.</b>		11. BIRTHPLACE (City and state or country) <b>Pulaski, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Statsie Carl Mosley</b>				14. MOTHER'S MAIDEN NAME <b>Bertha Inez Meeks</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>497-20-3625</b>		17. INFORMANT <b>Ray Burch</b> Address <b>4549 Page Blvd.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Lymphatic Leukemia (Acute Leucosarcoma)</b> <b>with left tracheobronchial, pleural and pulmonary metastases. Secondary Anemia and Secondary Thrombocytopenia.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>February 17, 1957</b> to <b>June 4, 1957</b> and last saw <sup>her</sup> <del>him</del> alive on <b>June 4, 1957</b> Death occurred at <b>11:55 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Chas P. Forde, M.D.</b> (Degree or title)				22b. ADDRESS <b>276a Franklin Ave.</b>				22c. DATE SIGNED <b>6-5-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>Removal (inter.)</b>		<b>6/9/57</b>		<b>Carbondale, Illinois</b>		<b>Carbondale, Illinois</b>			
24. FUNERAL DIRECTOR <b>C.W. Roberts Und. Co</b> ADDRESS <b>1416 N. Taylor Ave.</b>				25. DATE RECD. BY LOCAL REG. <b>JUN 6 '57</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *James R. Carter* .....

Licensed Embalmer No. *4* .....

P. O. Address *D.S.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.