

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26108

FILED JUL 26 1957

State File No.

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 6453

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6453			
1. PLACE OF DEATH a. COUNTY <i>Hosmer Phillips</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MISSOURI</i> COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. LENGTH OF STAY (If this place) <i>22</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST LOUIS</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hosmer Phillips</i>				d. STREET ADDRESS (If rural, give location) <i>1170 38th WINDSOR PL.</i>					
3. NAME OF DECEASED (Type or Print) <i>ANNIE</i>		a. (First)		b. (Middle) <i>Freeman</i>		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <i>7 9 57</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>C</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Widow</i>			
8. DATE OF BIRTH <i>3-12-1880</i>		9. AGE (In years) (last birthday) <i>69</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Center, Alabama</i>			
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>Levas Freeman</i>		13b. MOTHER'S MAIDEN NAME <i>Lula Cook</i>		14. NAME OF HUSBAND OR WIFE <i>Henry Freeman</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>H. D. ... 4084-405</i>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>Laceration of Scalp</i> ANTECEDENT CAUSES: <i>Cerebral Sclerosis</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>suffered in fall 1956</i> II. OTHER SIGNIFICANT CONDITIONS: <i>Hair at home on July 6 1957</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>E9000 21</i>				19. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) - COUNTY (STATE) <i>St Louis Mo</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 6 57 7:30 m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>fall</i>					
22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at _____ m., from the causes and on the date stated above.									
22a. SIGNATURE <i>Patrick Taylor Casow</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>7-9-57</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>7-18-57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Graveswood</i>		24d. LOCATION (City, town, or county) (State) <i>6571 St Louis and</i>			
DATE REC'D BY LOCAL REGISTRY <i>JUL 11 1957</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. P. Watkins Funeral Home 2700 Thomas</i>					

WRITE PLAINLY—USING UNFADING 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 _____
Student Embalmer

Signed _____

Leroy W. Sumner

Licensed Embalmer No. *4523*

P. O. Address. *4251 Washington*

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