

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-011628  
STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2843

|  |                                  |   |   |   |   |
|--|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS, MO.</b>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP.</b>   |                                  | Length of stay in lb<br><b>#1.</b>  | d. STREET ADDRESS (If outside, give location)<br><b>4523 Gravois</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ALICE</b> Middle <b>FREEMAN</b> Last   |                                  |   | 4. DATE OF DEATH<br>Month <b>MARCH</b> Day <b>9,</b> Year <b>1958</b>   |   |   |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Jan. 14, 1872</b>  | 9. AGE (In years last birthday)<br><b>86</b>      | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Line manager</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Roosevelt Hotel</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Belleville, Ill.</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>        |   |
| 13a. FATHER'S NAME<br><b>Winkley</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>not known</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>deceased</b>    |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><b>Genevieve Murphy 4523 Gravois</b>   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>GENERALIZED PERITONITIS</b><br>DUE TO (b) <b>PERFORATED DUODENAL ULCER</b><br>DUE TO (c) <b>541.1</b>    |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5+ DAYS</b><br><b>Months?</b>                              |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>ARTERIOSCLEROTIC HEART DISEASE</b>   |                                  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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<br>Hour Month, Day, Year<br>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>3/7/58</b> <b>1:05 P.M.</b> to <b>3/9/58</b> and last saw her/him alive on <b>3/9/58</b><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>John F. Olisham M.D.</b>  |                                  | 22b. ADDRESS<br><b>1515 LAFAYETTE AVE</b>   |   | 22c. DATE SIGNED<br><b>3/10/58</b>                |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |                                  | 23b. DATE<br><b>3/12/1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>                            |
| 24. FUNERAL DIRECTOR<br><b>J L Ziegenhein &amp; Sons 7027 Gravois</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>MAR 11 '58</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith MO</b> |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Donald E. B...* .....  
 Licensed Embalmer No. *11663* .....  
 P. O. Address *St. Louis, Mo.* .....

**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.**