Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041567
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10815

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 27 Homer G. Phillips — Length of stay in 1b: 15 yrs. 2059

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY

c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 5620 Waterman — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ida Middle: Last: Freeman

4. DATE OF DEATH: Month 11 Day 8 Year 58

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: July 5, 1907

9. AGE (In years last birthday): 51 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Baton Rouge, La.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Ben Feriby

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Alex Freeman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Alex Freeman Address: 5620 Waterman Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): HAMMOM-RICH SYNDROME
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): (PULMONARY FIBROSIS DUE TO
DUE TO (c): UNKNOWN CAUSE 525X

INTERVAL BETWEEN ONSET AND DEATH: undet.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 10-2-58, to 11-8-58 and last saw her alive on 11-8-58
Death occurred at 4:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul N. Larson, M.D.

22b. ADDRESS: 2601 Whittier Street

22c. DATE SIGNED: 11-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11/12/58

23c. NAME OF CEMETERY OR CREMATORY: New Guide Cemetery

23d. LOCATION (City, town, or county) (State): Baton Rouge, Louisiana

24. FUNERAL DIRECTOR ADDRESS: G. Wade Granberry 4202 Finney Ave.

25. DATE RECD. BY LOCAL REG.: NOV 10 '58

26. REGISTRAR'S SIGNATURE: Earl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Guyton Swan

Licensed Embalmer No. 4580

P. O. Address 4202 Finney Ave.

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.