

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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STATE FILE NUMBER

Registration District No. 541 Registrar's No. 2139

RECEIVED

1. PLACE OF DEATH a. COUNTY <i>St. Louis Co.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DOA County Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>1212 Hampton Blvd.</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Thomas Free</i>			4. DATE OF DEATH Month Day Year <i>11-23-59</i>			
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8 May 1931</i>	9. AGE (last birthday) <i>28</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pipe Layer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Construction Co.</i>	11. BIRTHPLACE (City and state or country) <i>Louisville, Ark.</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>Thomas Free</i>	13b. MOTHER'S MAIDEN NAME <i>Evelyn Heath</i>	14. NAME OF HUSBAND OR WIFE <i>Ethel Free</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>432-54-6547</i>	17. INFORMANT <i>Mrs. Ethel Free</i>	Address <i>1212 Hampton</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Asphyxia due to suffocation due to chest compression and foreign body aspiration</i>		
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Caught in trench cave-in while working on sewer project</i>
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20c. TIME OF INJURY Hour <i>9:30</i> a.m. <i>A.M.</i> Month, Day, Year <i>11/23/59</i>
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <i>sewer trench</i>	20f. CITY, TOWN, OR LOCATION <i>Rural</i>	COUNTY <i>St. Louis</i>	STATE <i>Missouri</i>
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw her/him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>James H. Harris</i> (Degree or title) <i>Coroner</i>	22b. ADDRESS <i>Clayton, Mo.</i>	22c. DATE SIGNED <i>12/2/59</i>
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23a. DATE OF DEATH <i>11-27-59</i>	23b. DATE <i>11-27-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>LOCAL</i>	23d. LOCATION (City, town, or county) <i>Louisville, Arkansas</i>
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24. FUNERAL DIRECTOR <i>Atkins Bros.</i>	ADDRESS <i>3644 Finney Ave.</i>	25. DATE RECD. BY LOCAL REG. <i>NOV 27 1959</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4700 Flamm

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.