

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4857 Farlin J. R. HOFFER - PHILADELPHIA			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 4857 Farlin		
3. NAME OF DECEASED (Type or print) First Edwin Middle L. Last Freeman			4. DATE OF DEATH Month 11 Day 23 Year 60			
5. SEX M	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-28-60	9. AGE (last birthday) 5 Months 22 Days	IF UNDER 1 YEAR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Arthur Freeman		13b. MOTHER'S MAIDEN NAME Mamie Anderson		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT Mamie Freeman		Address 4857 Farlin				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation by Strangulation Suffered when found on sofa in home on Nov. 23-1960 (No plastic removal) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) accident DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 18
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9240		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

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) See above
20c. TIME OF INJURY Hour 11 Month, Day, Year 11-23-60 s.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION St Louis	COUNTY mo	STATE
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21. I attended the deceased from **12:15 P.** to **12:15 P.** and last saw her/him alive on **11-23-60**.
 Death occurred at **12:15 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul J. Lima (Degree or title) Deputy Coroner	22b. ADDRESS 300 Clark	22c. DATE SIGNED 11/25/60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-26-60	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) St. Louis, Mo.		

24. FUNERAL DIRECTOR A.L. Beal Und. Co.	ADDRESS -4303 Delmar	25. DATE RECD. BY LOCAL REG. NOV 25 1960	26. REGISTRAR'S SIGNATURE Paul Smith
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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 Not Embalmed
W. B. Beal
Wilson, Pa.
Licensed Embalmer No. _____

P. O. Address _____

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