

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029433

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2182 STATE FILE NUMBER

FILED JUL 31 1962

1. PLACE OF DEATH
 a. COUNTY St. Louis

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bellefontaine Neighbors Length of stay in lb Mrs. 2 mos.

c. CITY OR TOWN St. Louis-Pagedale Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State School and Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 1227 Buckner Ave Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Robert Middle Adrien Last Freeman

4. DATE OF DEATH Month 7 Day 25 Year '62

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH May, '45 9. AGE (last birthday) 17 yrs. IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Robert Freeman 13b. MOTHER'S MAIDEN NAME Bernice Hamm 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.

17. INFORMANT Records of St. L. State School & Hosp 10695 Bellefontaine Rd. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Malnutrition INTERVAL BETWEEN ONSET AND DEATH 17 yrs.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Phenylketonurea 17 yrs.
 DUE TO (c) Mental Deficiency - 17 yrs.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 4:30 Month, Day, Year 4-5-62 a.m. p.m.

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 May 15, 1962 to July 25, 62 and last saw him alive on July 25, 62
 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, or title) Dr. Charles M. Ellersieck M.D. 22b. ADDRESS 10695 Bellefontaine Rd. 22c. DATE SIGNED 7-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE 27 July 1962 23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery 23d. LOCATION (City, town, or county) (State) St. Charles, Mo.

24. FUNERAL DIRECTOR Christen-Bauer F. H. Inc. St. Charles, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 7-26-62 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 9 1962

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 Freddie N. Bause

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.