

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045248

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3258

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

1	4036
2	4010
3	2
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12	86-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis		a. STATE Missouri b. COUNTY Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn		Length of stay in lb 2 yrs.	c. CITY OR TOWN Berkeley
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shamrock Rest Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8914 Dora Ave.,
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First WALTER Middle CLARK Last FREEMAN		Month Nov. Day 6, Year 1962.	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/18/179
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	9. AGE (last birthday) 83
11a. FATHER'S NAME Allen B. Freeman		11b. MOTHER'S MAIDEN NAME Ophelia A Spaulding	11. BIRTHPLACE (City and state or country) Cavendish Vermont
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE Emma Freeman (nee Keipp)	
15. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		16. INFORMANT Walter P. Freeman-8907 Dora Ave., Berkeley Mo.	
IMMEDIATE CAUSE (a) Cerebral Infarctions, multiple		INTERVAL BETWEEN ONSET AND DEATH unknown	
DUE TO (b) Arteriosclerotic Cardiovascular		unknown	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral malacia		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 type="checkbox"/> NO <input checked="" 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 Hour _____ 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 Nov 3, 1960 to Nov 6, 1961 and last saw him alive on Nov 5, 1961 Death occurred at 3:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE - Lewis Littmann MD (Degree or title)		22b. ADDRESS 8231 Clayton Rd (17)	
22c. DATE SIGNED 11/7/62 (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/8/62	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Mo.
24. FUNERAL DIRECTOR WHITE-MULLEN INC.-118 N. FLORISSANT,		25. DATE RECD. BY LOCAL REG. 11-7-62	26. REGISTRAR'S SIGNATURE John G. Murphy MD

USE BLACK INK OR TYPEWRITER RIBBON

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 my self, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 38 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.