

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4644

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>Rock Hill</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHNS HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>NR. 1146 KORTWRIGHT</b>	

3. NAME OF DECEASED (Type or Print) <b>TIMOTHY J. FREESMEIER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 24 1949</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		8. DATE OF BIRTH <b>8-10-45</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>CHILD</b>		9. AGE (In years last birthday) <b>3</b>		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>J. LEO FREESMEIER</b>		13b. MOTHER'S MAIDEN NAME <b>EONA WHALEN</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>J. LEO FREESMEIER</b> ADDRESS <b>1146 KORTWRIGHT</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphatic Leukemia</b>				<b>5 mo.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>74W</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>2040</b>	

22. I hereby certify that I attended the deceased from Jan 10, 1949, to May 24, 1949, that I last saw the deceased alive on May 23, 1949, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Michael Dulick M.D. U.</b> (Degree or title)		23b. ADDRESS <b>2319 Brentwood Bld</b>		23c. DATE SIGNED <b>5-25-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-27-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>@ALVARY</b>	
				24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>	

DATE REC'D BY LOCAL REG. <b>MAY 26 1949</b>		REGISTRAR'S SIGNATURE <b>J.B. Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>M. J. OROGAN 7146 MANCHESTER</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*[Handwritten scribble]*

**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 .....  
Student Embalmer

Signed *J Allen Davis Jr.*  
Licensed Embalmer No. *1053*

P. O. Address \_\_\_\_\_

**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 this body is not embalmed, fact should be so stated above.