

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22094**

BIRTH NO. _____		REG. DIST. NO. 517		PRIMARY REG. DIST. NO. 60-76		Registrar's No. 1306		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) Normandy		c. LENGTH OF STAY (In this place) 2		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		OR TOWN 17		
d. FULL NAME OF HOSPITAL OR INSTITUTION 7283 Natural Bridge				d. STREET ADDRESS (If rural, give location) 4154 Lee Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Hiram			b. (Middle) Freeman			c. (Last) _____		
4. DATE OF DEATH (Month) (Day) (Year) May 27 1949								
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH Unknown abt 1885		
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph M. Freeman			13b. MOTHER'S MAIDEN NAME Kate Ideman			14. NAME OF HUSBAND OR WIFE Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 327-01-8516		17. INFORMANT'S SIGNATURE OR NAME Sam Freeman		ADDRESS Sequin Texas		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated sigmoid colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left cardiac failure DUE TO (c) Diverticulum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5721 12-23					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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) St. Louis				
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?				
22. I hereby certify that I attended the deceased from May 19, 1949 , to May 26, 1949 , that I last saw the deceased alive on May 26, 1949 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE J. H. Stewart, D.O. (Degree or title)				23b. ADDRESS 7283 Natural Bridge		23c. DATE SIGNED 5-27-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5 27 49		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai		24d. LOCATION (City, town, or county) (State) St. Louis		
DATE REC'D BY LOCAL REG. 5 27 49		REGISTRAR'S SIGNATURE Harold V. ...		25. FUNERAL DIRECTOR'S SIGNATURE Mayer Funeral Home		ADDRESS 4356 Lindell		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.