

FILED JUN 2 1950

STANDARD CERTIFICATE OF DEATH

18958

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1229

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>0910</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jeff. Brks. Mo.</u>		c. LENGTH OF STAY (in this place) <u>67 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellington</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROLLIE</u> b. (Middle) <u>A.</u> c. (Last) <u>FREEMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5/17/50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/1/24</u>
9. AGE (In years last birthday) <u>26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Ellington, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Trella A. Freeman</u>		13b. MOTHER'S MAIDEN NAME <u>Barbra Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Freeman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>World II</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>V. A. HOSPITAL RECORDS</u> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN TUMOR(post op) CHOLESTEATOMA</u> 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. <u>FRACTURED SKULL</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>BRAIN TUMOR</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3/5/50 V.A. 7 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>	
22. I hereby certify that I attended the deceased from <u>3/12</u> , 19 <u>50</u> , to <u>5/17</u> , 19 <u>50</u> , and that death occurred at <u>4:20p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. ...</u> (Type or Print) <u>CHIEF, PROFESSIONAL SERVICES</u>		23b. ADDRESS <u>V.A. Hosp. Jeff. Brks. Mo.</u>	23c. DATE SIGNED <u>5-19-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 23, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NAT'L</u>	24d. LOCATION (City, town, or county) (State) <u>JEFF. BRKS. MO.</u>
DATE REC'D BY LOCAL REG. <u>5-19-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER U&amp;L CO. St. Louis, Mo.</u> ADDRESS	

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

Per L. E. (Licensed Embalmer's Statement on Reverse Side)

[DEC 28 1954

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Harry J. Schumacher*

Signed.....

Student Embalmer

Licensed Embalmer No.

*2679*

Residence Address

*7864 J. Broadway*

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.