

FILED SEP 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28193
Registrar's No. 7602

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Unknown

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 3431a Pestalozzi

d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital

3. NAME OF DECEASED
a. (First) Samuel b. (Middle) S. c. (Last) Freeman

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 5 1950

5. SEX Male **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** Married

8. DATE OF BIRTH Feb. 26, 1879 **9. AGE** (In years last birthday) 71 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant **10b. KIND OF BUSINESS OR INDUSTRY** Jewelry **11. BIRTHPLACE** (State or foreign country) Tennessee **12. CITIZEN OF WHAT COUNTRY?** U.S.

13a. FATHER'S NAME Jasper S. Freeman **13b. MOTHER'S MAIDEN NAME** Sarah Gumm **14. NAME OF HUSBAND OR WIFE** Annie Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown **16. SOCIAL SECURITY NO.** Unknown **17. INFORMANT'S SIGNATURE OR NAME** Annie Freeman **ADDRESS** 3431a Pestalozzi

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis (Virus type) **INTERVAL BETWEEN ONSET AND DEATH** ?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus atypical pneumonia Final
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 NO

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)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** (WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** 082X

22. I hereby certify that I attended the deceased from 25 Aug., 1950, to Sept 5, 1950, that I last saw the deceased alive on Sept 4, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] **23b. ADDRESS** 250 16 Hampton Village Pl. **23c. DATE SIGNED** 9/7/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** 9-6-50 **24c. NAME OF CEMETERY OR CREMATORY** Piedmont, Mo. **24d. LOCATION** (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. SEP 7 1950 **REGISTRAR'S SIGNATURE** [Signature] **25. FUNERAL DIRECTOR'S SIGNATURE** Albert H. Happe **ADDRESS** 4700 Washington

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed W. W. Wilkins

Licensed Embalmer No. 3575

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.