

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 28244
7401

FILED SEP 1 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St Louis Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis, Mo 229</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis 3009 Pine St</u>		d. STREET ADDRESS (If rural, give location) <u>3009 Pine Street 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora W.</u> b. (Middle) <u>Freeman</u> c. (Last) <u>Freeman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17-1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb 23-1901</u>	9. AGE (In years last birthday) <u>50</u> UNDER 1 YEAR Months <u>6</u> Days <u>5</u> IF UNDER 12 HRS Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maid</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Alcazar Hotel</u>	11. BIRTHPLACE (State or foreign country) <u>Kairo Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Witherspoon</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bowen</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-05-3483</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Yancey</u> ADDRESS <u>2419 Coleman</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>one wk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocardia</u> 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 <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fall</u>
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22. I hereby certify that I attended the deceased from June 12, 1951, to 8/17, 1951, that I last saw the deceased alive on 8/13, 1951, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J R W entel</u> (Degree or title)	23b. ADDRESS <u>2726 Chantey</u>	23c. DATE SIGNED <u>8/18/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug-22-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Leckman</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo</u>
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DATE RECEIVED BY LOCAL REG. <u>AUG 20 1951</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Adams</u> ADDRESS <u>3849 Windsor</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

P/1000

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 *F. A. Green* _____

Licensed Embalmer No. *2963* _____

P. O. Address *4214 Delmar* _____

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.