

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14809

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 4020 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Martinsburg		c. CITY (If outside corporate limits, write RURAL and give township) Martinsburg	
c. LENGTH OF STAY (in this place) 55 years		d. STREET ADDRESS (If rural, give location) no street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Martinsburg Mo -			

3. NAME OF DECEASED (Type or Print) KATHARINE	a. (First)	b. (Middle) MARIE	c. (Last) FREESE	4. DATE OF DEATH June 6 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 24 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 8 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY. U.S.A.
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13a. FATHER'S NAME Gerhard Freese	13b. MOTHER'S MAIDEN NAME Katharine Delker	14. NAME OF HUSBAND OR WIFE Never Married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Miss Agnes E. Freese, Martinsburg	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>60 days</i>
	ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Arterio-sclerosis</i>		
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 <i>331 X</i>	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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Jan 1, 1952* to *June 6, 1954*, that I last saw the deceased alive on *June 5, 1954*, and that death occurred at *6:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>D. J. DeLoach</i>	(Degree of title) <i>MD</i>	23b. ADDRESS <i>Willsville Mo</i>	23c. DATE SIGNED <i>6/7/54</i>
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24a. BURIAL / CREMATION / REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6/9/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>June 7-1954</i>	REGISTRAR'S SIGNATURE <i>Blanche Neely</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>B. B. Keller</i>	ADDRESS <i>Kellerville</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 B B Keller

Licensed Embalmer No. 1588

P. O. Address Kellerville 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.