FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35515

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8985

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Glennon Hospital — Length of stay in Hospital: 2 Wks 2
d. STREET ADDRESS (If outside, give location): 2051 Park Ave. — Reside on Farm Yes ☐ No X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis, — Inside Limits Yes X No ☐

3. NAME OF DECEASED (Type or print): First: Judy Middle: Ann Last: Freeman

4. DATE OF DEATH: Month Sept. Day 30 Year 1956

5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Oct. 29, 1954 9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 11 Days 1 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Ironton, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Freeman
14. MOTHER'S MAIDEN NAME: Dorothy Middleton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Howard Freeman, 2051 Park Ave. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute leukemia, undifferentiated
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 2643

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/24/56, to 9/30/56 and last saw her/him alive on 9/30/56
Death occurred at 4.00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John A. Lynch M.D. (Degree or title)
22b. ADDRESS: Cardinal Glennon Hosp.
22c. DATE SIGNED: 10/1/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-30-56
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Vulcan, Mo.

24. FUNERAL DIRECTOR: Albert H. Hoppe ADDRESS: 4700 Washington,
25. DATE RECD. BY LOCAL REG.: OCT 1 1956
26. REGISTRAR'S SIGNATURE: Karl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jwm Binkley.....

Licensed Embalmer No. 365

P. O. Address St. Lau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.