

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41982

STATE FILE NUMBER
10586

Registration District No. 318 Primary Registration District No. 1003

Registrar No.

| | | | | | |
|--|---------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN University City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital | | | Length of stay in 1b | d. STREET ADDRESS 8752 Delmar Blvd. | |
| 3. NAME OF DECEASED (Type or print) First MIDDLE Last ETHEL FREEMAN | | | 4. DATE OF DEATH Month Day Year Nov. 5th, 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 14, 1905 | | 9. AGE (In years last birthday) 52 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME CALVIN WHITE | | | 14. MOTHER'S MAIDEN NAME UNKNOWN | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) UNK. | | 16. SOCIAL SECURITY NO. UNK. | 17. INFORMANT Address Merril D. Freeman 8752 Delmar Blvd. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Rheumatic fever DUE TO (c) 416x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pt. hemiplegia | | | | | INTERVAL BETWEEN ONSET AND DEATH 20+ yrs |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 June 27 1946, to Nov 5, 1957 and last saw her alive on 11-5-57 Death occurred at 9:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) John L. Homer M.D. | | | 22b. ADDRESS 114 N. Taylor St. Room 8 | | 22c. DATE SIGNED 11-7-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 11/8/57 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf Inc. 5216 Delmar | | | 25. DATE RECD. BY LOCAL REG. NOV 7 '57 | 26. REGISTRAR'S SIGNATURE Carl Smith M.D. | |

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
Signature of Student Embalmer

Signed *Robert Dubouillat*

Licensed Embalmer No. *369*

P. O. Address *St. Louis*

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

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