

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46671  
STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3128

S. 300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kirkwood 4703</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Joseph's</b>		Length of stay in lb <b>7 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>223 Smith Ave</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>June R. Freese</b>			4. DATE OF DEATH Month Day Year <b>12 10 1957</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-8-1927</b>
9. AGE (In years last birthday) <b>30</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Receptionist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>The Lanier Co.,</b>	11. BIRTHPLACE (City and state or country) <b>-St. Louis, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Alonso J Stacy</b>	
13b. MOTHER'S MAIDEN NAME <b>Ella B Daley</b>		14. NAME OF HUSBAND OR WIFE <b>Alvin H Freese</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT Address <b>Alvin H Freese 223 Smith Ave. Kirkwood, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of Cecum</b>			<b>2 yrs</b>
DUE TO (c) <b>153%</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Death occurred at <b>9/8/55</b> to <b>12/11/57</b> and last saw her alive on <b>12/11/57</b> <b>122 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deegee or title) <b>Charles R. Burnett M.D.</b>		22b. ADDRESS <b>206 N. Clay Kirkwood</b>	22c. DATE SIGNED <b>12/12/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-13-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St Louis Co., o.</b>
24. FUNERAL DIRECTOR <b>Hoffmeister Colonial Mortuary</b>		25. DATE RECD. BY LOCAL REG. <b>12-12-57</b>	26. REGISTRAR'S SIGNATURE <b>Herbert W. ...</b>

6464 Chippewa Street St Louis, Mo. 2

(Licensed Embalmer's Statement on Reverse Side)

ccc

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.

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 *Rice C. Branson*

Licensed Embalmer No. *4764*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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