

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

18209

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 100B  
 City St. Louis Mo (No. 570 So. Kingshighway) File No. 5188  
 Registered No. 5188 St. .... Ward)

**2. FULL NAME**

Chas. James Freeman  
 (a) Residence, No. 1833 Benton St., 25 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1932  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or ..... min.  
1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.   
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.   
 10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Charles Freeman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Maithy Savins  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT J.S. Westhoff  
 (ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns (Moths) DATE May 30, 1932

19. UNDERTAKER My Lidner, Ind. Co.  
 (ADDRESS) 1417 N. Market St.

20. FILED MAY 30 1932 Max E. Starkoff  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932 to May 28, 1932  
 I last saw him alive on May 28, 1932 Death is said to have occurred on the date stated above, at 2:30 m.  
 The principal cause of death and related causes of importance were as follows:

Multiple Lung Abscesses from Defection adese unknown  
 Date of onset 4/20/32  
Septicemia  
Multiple Skin Abscesses from Defection  
Bilateral Otitis Media

Other contributory causes of importance:  
Septicemia  
Multiple Skin Abscesses from Defection  
Bilateral Otitis Media  
 Name of operation Paracentesis Date of... 5/1/32  
 What test confirmed diagnosis? Opertin Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) Lawrence Goldman, M. D.  
 (Address) St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

