WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

24240

791

1003

File No.

Registered No. 6354

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St Louis (No. St Lukes Hospital St. ..... Ward)

2. FULL NAME Chas. Walter Freeman

(a) Residence, No. 5305 Delmar St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mamie E. Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 26, 1853

7. AGE: YEARS 79 | MONTHS 4 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. steelworks

10. Date deceased last worked at this occupation (month and year) Jan., 1902

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 2

FATHER

13. NAME: Thomas Freeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Anna Eliza Draffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Thomas Freeman, 5305 Delmar

18. BURIAL, CREMATION, OR REMOVAL: Cremation
PLACE Valhalla DATE July 12, 1932

19. UNDERTAKER (ADDRESS): Alexander and Sons, 6175 Delmar

20. FILED JUL 10 1932, 19 Max C. Starkey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1932, to July 9, 1932

I last saw him alive on July 9, 1932 Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi pneumonia	July 2/32
107A	
162	

107A

Other contributory causes of importance:

Senility (1)

Name of operation — Date of —

What test confirmed diagnosis? Physical Ex. Was there an autopsy? No

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) Herbert L. Montague, M. D.

(Address) Humboldt Bldg

Lincoln Wash.