APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10207

Township ..... Primary Registration District No. 1003 Registered No. 2775

City St. Louis (No. St. Mary's Infirmary St. ..... Ward)

2. FULL NAME William Freeman

(a) Residence, No. 3213 rear LaSalle St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jean Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1875

7. AGE: 47 — YEARS 61 — MONTHS 7 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Springfield Missouri

FATHER

13. NAME Isaac Freeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Missouri

MOTHER

15. MAIDEN NAME Sarah Buford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Clotile Johnson 3918 Cook

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE March 11, 1937

19. UNDERTAKER (ADDRESS) A. Russell Undertaking Co. 2732 Pine

20. FILED MAR 11 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1937 to March 7, 1937

I last saw him alive on March 7, 1937. Death is said to have occurred on the date stated above, at 2:55 P.m.

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

Pleural Effusion (R) (Prob. Malignancy of Lung)

Date of onset

Other contributory causes of importance: 478

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) M. W. Foster, M. D.

(Address) St. Mary's Infirmary

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.

866