

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 921

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Rebecca Elizabeth Freeman Medlock

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife JAMES 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 21, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>6</u>	<u>7</u>	hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 9

12. Name Freeman

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Reeves

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A.C. Stinger

(b) Address 2917 Spring

17. (a) Burial (b) Date thereof 1/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherryville, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 30 1940 (b) J. F. Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Mo. 10
(If outside city or town limits, write "RURAL")
(d) Street No. 36 18a Dodier
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1940 hour 3.45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 24
1940 to Jan 28, 1940
that I last saw her alive on Jan 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days

Due to _____
Due to _____

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. M. Flunty (M. D. or other) _____
Address 3115 5th Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed

William Eynck

Licensed Embalmer No.

1284

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 this body is not embalmed, above space should be left blank.