

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Bro. Hospital
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Evan Rexford Freeman**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **Unknown**

4. Sex **Male**
6. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ruth**
6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Oct. 8 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 5 5 hr. min.

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

10. Usual occupation **Cutter**

11. Industry or business **Shade Mfg. Co.**

12. Name **William Freeman**

13. Birthplace **Salem Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Butts**

15. Birthplace **Salem Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruth Freeman**

(b) Address **4954 Washington Ave.**

17. (a) **Removal** (b) Date thereof **3-16-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salem, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **MAR 14 1940** (b) **J. F. [Signature]**
(Date recorded by registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4954 WASHINGTON**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **13**
year **1940** hour **12:33** minute **9** M.

21. I hereby certify that I attended the deceased from **Feb 29 1940** to **March 12 1940**
that I last saw him alive on **3-12-40**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**
Due to _____

Due to **Gastro-intestinal cancer**
of the stomach
Other conditions **one on 3-12-1940**
(Include pregnancy within 3 months of death)

Major findings: **Cancer of the stomach**
Of operations **End of stomach**
Of autopsy **None**

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

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **J. F. [Signature]** (M. D. or other) _____
Address **4909 N. 9th** Date signed **3/14/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Albert G. Hopper

Licensed Embalmer No. *2971*

P. O. Address.....

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.