No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791 1003 1003

State File No. 19837

Registration District No. ... Primary Registration District No. ... Registrar's No. 4785

FILED JUL 1 1940

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

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3332 La Salle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ... (Specify whether years, months or days)

In this community 68 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3332 La Salle 18
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME Alexander Freeman

3. (b) If veteran, name war ...

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Susie Freeman

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov. (Month) 29 (Day) ~~1869~~ 1871 (Year)

8. AGE: Years 68 Months 6 Days — If less than one day ... hr. ... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Yard man

11. Industry or business

FATHER
12. Name Alexander Freeman
13. Birthplace ? (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ... (City, town, or county) ... (State or foreign country)

16. (a) Informant Susie Freeman
(b) Address 3332 La Salle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director W. C. Gordon
(b) Address 2649 Delmar Blvd.

19. (a) JUN 1 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28 year 1940 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 4/8/40, 19..., to 5/27/40, 19...; that I last saw him alive on 5/27/40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHR. MYOCARDITIS	4/8/40
Due to	
Due to CHR INTERTIAL NEPHRITIS	4/8/40
Other conditions MITRAL REGURIGATION (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy NONE

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) NONE
(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 Stephen Vejeau (M. D. or other)
Address 3202 Park Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 William Claude Gordon, Registered Apprentice No. _____ working under my personal supervision.

Signed Wm. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Welma

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.