

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10030

1. PLACE OF DEATH:

(a) County Saint Louis Missouri.  
(b) City or town Saint Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3723-A South Broadway.  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis  
(c) City or town Saint Louis, Missouri.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3723-A South Broadway  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th,  
year 1941. hour 6:14 minute 0 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage <sup>Duration</sup>  
from gunshot wound of back  
self inflicted at his home  
Due to Dec 16, 1941, exact time  
unknown

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 6 months of death)  
Major findings \_\_\_\_\_  
Of operations 167  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Henry Clay Freeman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 439-01-5228

4. Sex Male 5. Color or race White 6. (a) Married  
divorced

6. (b) Name of husband or wife Estelle Freeman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 15th, 1894.  
(Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 1 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Elevator Examiner.

11. Industry or business Otis Elevator Co.

12. Name Benjamin D. Freeman

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

14. Maiden name Delia Anderson

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

16. (a) Informant Estelle Freeman

(b) Address 3723-A So. Broadway

17. (a) Burial (b) Date thereof Dec, 19, 41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 1625 Cherokee Street.

19. (a) DEC 19 1941 (b) J. F. Anderson  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence Dec 16, 1941  
(c) Where did injury occur? St. Louis Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, or farm, in industrial place, in public place?  
In Home  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work \_\_\_\_\_

23. Signature W. H. Perry (M. D. or other) \_\_\_\_\_  
Address St. Louis, Mo. Date signed 12/19/41

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

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**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... *W E Morris* .....  
Licensed Embalmer No. *3360* .....  
P. O. Address *2623 Cherokee* .....

**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, fact should be so stated above.**