

S. No. 2
1-9-4-41
7-5-17-39
P-1 X29444

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

29069

State File No.

Registrar's No.

7456

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____

(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:
St. Louis Children's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 months
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
⁹⁶

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

(d) Street No. 3933 Shirley
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT NAME James P. Freeman
FULL NAME

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4
year 42 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-4
_____, 1942 to 9-4, 1942
that I last saw him alive on 9-4, 1942
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 5 (Month) 14 (Day) '42 (Year)

Immediate cause of death Pneumonia
Bronchial

Dilation slight

8. AGE: Years 0 Months 3 Days 20 If less than one day
hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Infant

Major findings: Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Lacy P. Freeman

13. Birthplace Clauder, Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Ernestine Vogler

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

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) 1 of injury 0

23. Signature J. P. Barnett (M. D. or other) _____
Address _____ Date signed _____

16. (a) Informant J. Wiseman

(b) Address 500 S. Kings Highway

17. (a) Burial (b) Date thereof 9-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Camp

18. (a) Signature of funeral director Ernestine Vogler

(b) Address 3910 N. Grand Blvd

19. (a) SEP 8 1942 (b) J. P. Barnett
(Date received local health officer's certificate) (Registrar's signature)

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.....

A. G. Smithers

Licensed Embalmer No.

3916

P. O. Address.....

3710 N. Grand

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.