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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAR 2 1943
Registration District No. 318

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:
St. John's 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 710 Keywest
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HENRY J. FREE

(b) If veteran, name war no (c) Social Security No. 494-09-6271

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marjorie
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased January 13, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 0 29 hr. min.

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

10. Usual occupation buyer

11. Industry or business Scruggs, V. & Barney

12. Name John H. Free
13. Birthplace Oskaloosa Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Davey
15. Birthplace Oxford Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marjorie Free

(b) Address 710 Keywest

17. (a) removal (b) Date thereof 2/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indianapolis, Ind.

18. (a) Signature of funeral director Alexander & Son

(b) Address 6175 Delmar Blvd.

19. (a) FEB 13 1943 (b) J. F. Medveck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1943 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-1-43
....., 19....., to 2-12-43
....., 19.....;
that I last saw him alive on 2-11-43, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor

Due to Brain Tumor

Due to Malignant Tumor

Other conditions (Include pregnancy within 5 months of death)

Major findings: Huge infiltrating Brain Tumor
Of operations 5 ft
Of autopsy.....

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?

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

23. Signature Bois S. Wooley (M.D. or other)
Address 4952 Maryland Date signed 2-12-43

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

MOTHER FATHER

B

APR 21 1943

OCT 22 1952

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

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, fact should be so stated above.