V. S. No. 2
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5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

818

RED MAY 3 1943

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

12139

State File No.

Registrar's No. 3799

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

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: HOMER G. PHILLIPS (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 017

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

(d) Street No.: 306 Carroll (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: ELMER E. FREEMAN

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: NEGRO

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: APRIL (Month) 23, (Day) 1940 (Year)

8. AGE: Years 2 | Months 11 | Days 27 | If less than one day: hr. min.

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

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name: WARREN FREEMAN

13. Birthplace: UNKNOWN (City, town, or county) GEORGIA (State or foreign country)

14. Maiden name: FESSIE JOHNSON

15. Birthplace: CLARKDALE (City, town, or county) MISSI (State or foreign country)

16. (a) Informant: WARREN FREEMAN

(b) Address: 306 CARROLL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5/24/1943 (Month) (Day) (Year)

(c) Place: burial or cremation: BOOKER-WASHINGTON EAST ST. LOUIS

18. (a) Signature of funeral director: A. N. Burks

(b) Address: 1619 S. 7th St. E. St.

19. (a) APR 24 1943 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21 year 1943 hour 8:15 minute am M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;

that I last saw h... alive on ..... 19...;

and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia (Primary)

Due to:

Due to:

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

Duration

Major findings:

Of operations:

Of autopsy:

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: Alfred Jones (M.D. or other)

Address: Respondent Home

Date signed: 4/24/43

(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~~ —, — Registered Apprentice No. —, working under my personal supervision.

Signed Chas. L. Hamilton

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.