

FILED JUN 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4969

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street and number)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wayman Freeman

3. (b) If veteran, name war _____ None
3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased 12-23-1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 2
If less than one day hr. _____ min. _____

9. Birthplace Monticella Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER {
12. Name Andrew Freeman
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name Mariah Powell
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant William Freeman
(b) Address 822-S 10th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-43
(Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem,

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St

19. (a) MAY 29 1943 (Date received local registration)
J F Proctor (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1301 Chouteau (r)
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25,
year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 11, 1942 to May 25, 1943.
that I last saw h im alive on May 25, 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Meningoencephalomyelitis

Duration Unk.
Due to _____
Due to 81 mi
Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature S. E. Smith (M. D. or other)
Address 2601 Wheeler Date signed 5/27/43

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

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 L. Boyer
....., Registered Apprentice No. My
working under my personal supervision.

Signed Tommy Boyer
Licensed Embalmer No. 294
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.