S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

286

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 307

**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. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community Life,
years, months or days)

**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. 4128 Arsenal,
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Freeman,

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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 January 9, 1945
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 3 hr. 30 min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name James W. Freeman,
13. Birthplace Trenton, Illinois.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bertha M. Winkler,
15. Birthplace Trenton, Illinois,
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Freeman,
(b) Address 4128 Arsenal,

17. (a) Burial (b) Date thereof 1/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa,

19. (a) JAN 11 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 9
year 1945 hour 11 minute 50 P M.

21. I hereby certify that I attended the deceased from Jan 9, 1945, to Jan 9, 1945
that I last saw her alive on Jan 9, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Premature infant 4½-5 mo
Due to
Premature separation of placenta
Due to
Cause unknown

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

159

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 Martin W. Weis (M. D. or other) MD
Address 634 No Grand Date signed 1/11/45

(Licensed Embalmer's Statement on Reverse Side)

Not embalmed

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**