S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35278

FILED DEC 7 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10163

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:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1123
(If outside city or town limits, write "RURAL")

(d) Street No. 2332 Park Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Florence Aileen Freeman

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Fem 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Leslie

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Aug (Month) 19 (Day) 1921 (Year)

8. AGE: Years 24 ~~25~~ Months ~~5~~ 3 Days 5 If less than one day hr. min.

9. Birthplace Mills Springs (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Amos Warren
13. Birthplace Mills Springs (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Dougherty
15. Birthplace Mills Springs (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Leslie Freeman

(b) Address 2332 Park Ave. St. Lois, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mills Springs, Mo.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave. St. Louis, Mo.

19. (a) NOV 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1945 hour 6 minute 35a 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 Septic Pneumonia

Due to

Due to 10912

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor (M.D. or other)

Address Dig Cor Date signed 11/24/45

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1934

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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 230 Lafayette

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.