

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38611

FILED DEC 9 1946

State File No. 38611

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10010

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 30yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County or
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") 21/1
 (d) Street No. 3504 Bell Avenue
(If rural, give location) 9
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Grover Freeland
 3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
 year 1946 hour 11 minute 0 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.

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Wid. 2
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased August 4th 1883
(Month) (Day) (Year)

Immediate cause of death Tetanus - injury
As a result to right Cheek
Swung while handling junk
at the Western Iron Metals
1311 No. 24th street St. Louis, Mo. 8, 1946
Exact time unknown
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 1/2
 Of autopsy 2

8. AGE: Years 63 Months 3 Days 17
If less than one day hr. min.

PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Durham No. Carolina
(City, town, or county) (State or foreign country)
 10. Usual occupation Labor

11. Industry or business.....
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Snips Freeland
 (b) Address 3504 Bell Avenue
 17. (a) Burial (b) Date thereof 11-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park Ceme.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Nov. 8 1946
 (c) Where did injury occur? at home
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work Work
(Specify type of work) (Specify type of place)
 23. Signature Chas. Fred Berry (M. D. or other) 3
 Address..... Date signed.....

18. (a) Signature of funeral director Peoples Und. Co.
 (b) Address 3100 Franklin Avenue
 19. (a) NOV 24 1946 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

37426

1864

19

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 Jetie L. Pettus
Licensed Embalmer No. 4184
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.