S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15883

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 853

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6910 Pershing Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6910 Pershing Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Josephine S. Freeman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William L. Freeman

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

7. Birth date of deceased October 27 (Month) 1860 (Day) (Year)

8. AGE: Years 86 Months 5 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edward Stagg
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet Daggett
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Francis L. Mackey, Jr.,
(b) Address 6910 Pershing Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

19. (a) 4-15-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day April
year 47 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1947, to April 11, 1947, that I last saw her alive on April 11, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis.	3 yrs.
Due to General Arterio-Sclerosis.	10 yrs
Due to 93 D	
Other conditions (Include pregnancy within 3 months of death) none.	
Major findings: Of operations none	
Of autopsy none	

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 Dr. R. H. Brock (M. D. or other)

Address 1504 S. Grand Ave. Date signed 4/18/47.

(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, ~~only~~ .....

....., ~~Registered Apprentice No.~~ .....,

working under my personal supervision.

Signed Robert T. Sangster

Licensed Embalmer No. 4290

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.