. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32416

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9002

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

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: DESLOGE HOSPITAL 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Ave 0
(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")
(d) Street No. 6220 HANCOCK 9 (If rural, give location) 0
(e) Citizen of foreign country? 14 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Conder, Freeman
3. (b) If veteran, name war NONE
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CECELIA
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased NOV. (Month) 28 (Day) 1876 (Year)

8. AGE: Years 70 ~~69~~ Months 10 Days 0 If less than one day hr. min.

9. Birthplace ST. LOUIS CO. (City, town, or county) MO. (State or foreign country)
10. Usual occupation LABORER
11. Industry or business ST. LOUIS UNIVERSITY
12. Name UNKNOWN
13. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 0
14. Maiden name UNKNOWN
15. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 0
16. (a) Informant WM. CONDER
(b) Address 6220 HANCOCK
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation MT. HOPE CEM.
18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 SO KINGSHIGHWAY
19. (a) SEP 30 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

Con by appointment
1/C State

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1947 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from 1 45 am Sept 28 1, 1947, to 6 35 am 28 Sept 1947; that I last saw him alive on Sept 28, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Abdominal Carcinomatosis	6 Mo.
Due to: Carcinoma of Rectum Primary	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 0

23. Signature E. Houston M.D. (M. D. or other)
Address Desloge Hosp. Date signed 29 Sept '47

Jefferson City Printing Co. (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, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9093

On this 6th day of October, 1947, before me appears Mr. Frank Deters (Funeral Director), who, upon his oath, states that the original record of death for Freeman Conder died Sept. 28th, 1947, in the State of Missouri, and which was filed at St. Louis, Missouri on Sept. 30th 1947, should be corrected as follows:

Item No. 7 should read Nov. 28, 1876
Instead of Nov. 28, 1877

Item No. 8 should read 70-10-0
Instead of 69-10-0

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank Deters Fun. Dir.
Relationship.

4778 S. Kingshighway
Present Address

Subscribed and sworn to before me this 6 day of Oct., 1947.

My Commission expires 3-4-49

Ella C. Pollock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-3-43
I X36929

32416