S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43035

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11836

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: 1914a Senate St.
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1914a Senate St. 9
(If rural, give location)

23

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Carlos T. Freeman

3. (b) If veteran, name war

3. (c) Social Security No. 702-09-0604

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Louise

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July (Month) 29, (Day) 1902 (Year)

8. AGE: Years 45 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Southpoint (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Foreman

11. Industry or business American Refrigeration Transit Co.

FATHER
12. Name Edward E. Freeman
13. Birthplace Southpoint (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Beatrice English
15. Birthplace Pourtsmouth, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Louise Freeman
(b) Address 1914a Senate St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director John H. Gebken Sons Und. Co.
(b) Address 2630 Gravois Ave.

19. (a) DEC 27 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th year 1947 hour ~~12~~ 1 minute 35 P 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 Gunshot wound of heart self inflicted in the attic at his home 1914 Senate Dec 25th 1947 (Duration)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 164

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) Suicide

(b) Date of occurrence Dec 25 1947

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Gun shot

23. Signature Patrick K Taylor (M. D. or other) 3

Address Dy 6 Date signed 12/27/47

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.....Robert F Gebken.....

Licensed Embalmer No.....4144.....

P. O. Address.....2630 Gravois Ave.....

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.