

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

000 County Registration District No. **791**
 30 Township Primary Registration District No. **1103**
 9 City **St. Louis** (No. **Christain Hospital**)

✓ **3542**
 File No.
 Registered No. **476**
 St. Ward)

2. FULL NAME **Charles E. Freeland**
 (a) Residence, No. **3703 Washington** St., **21** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **25** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Freeland WIFE OF Mary Freeland				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1888				
7. AGE	YEARS 44	MONTHS 6	DAYS 5	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motion Picture			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator, St. Louis Amusement Co.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centon Illinois			
	13. NAME Unknown			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
FATHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT Mrs. Mary Freeland (ADDRESS) 3703 Washington				
18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Jan 16 1933				
19. UNDERTAKER A. W. McLaughlin (ADDRESS) 1631 Madison Ave				
20. FILED Jan 13 1933 W. C. Stanley Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 12 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 1 1932** to **Jan 12 1933**
 I last saw him alive on **Jan 12 1933** Death is said to have occurred on the date stated above, at **12:30 p.m.**
 The principal cause of death and related causes of importance were as follows:
Cerebellar Abscess 3 m
70%

Date of onset

Other contributory causes of importance:

Name of operation **Date of**

What test confirmed diagnosis? **Was there an autopsy?** **Yes**

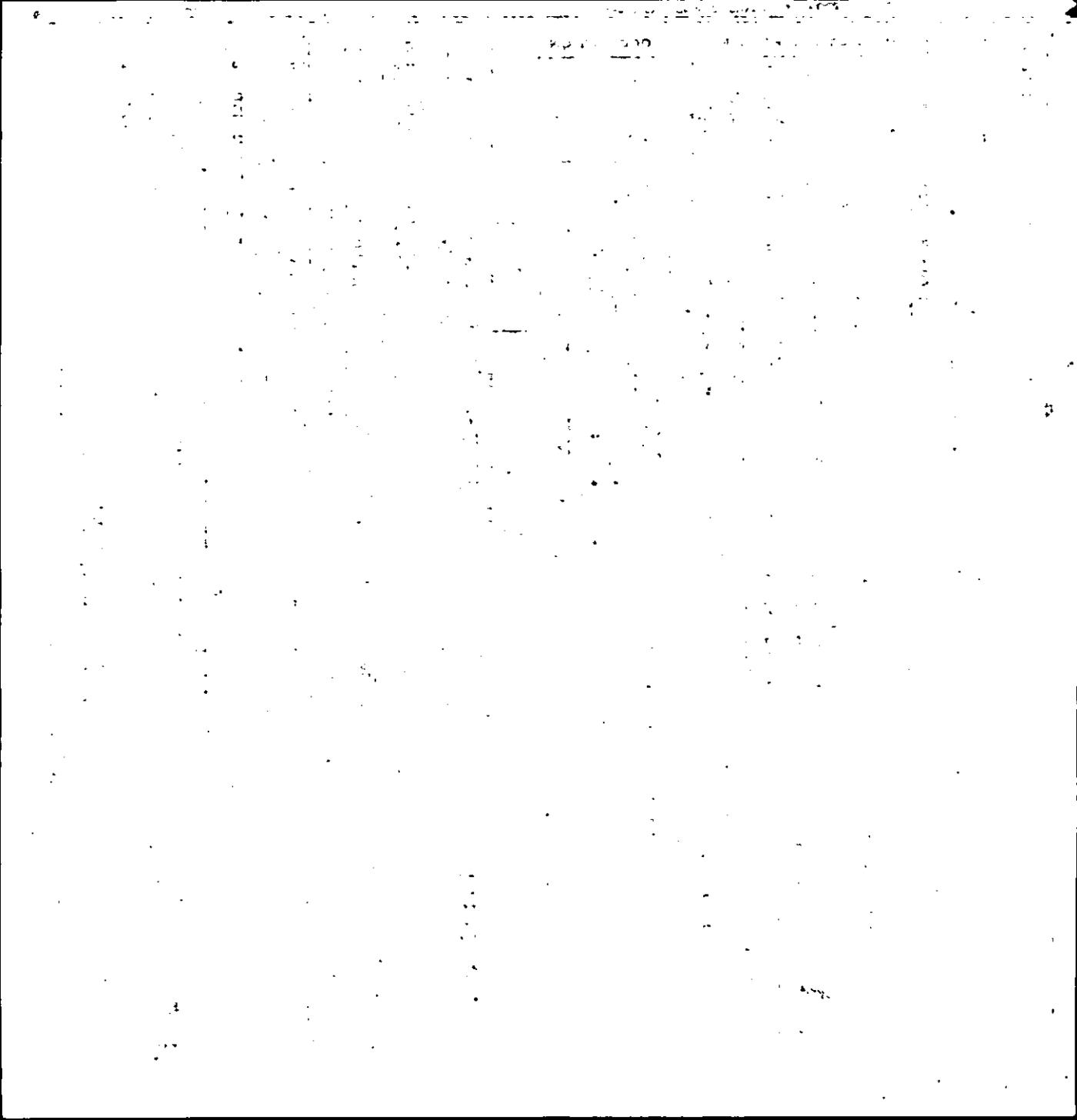
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Date of injury**, 19.....
Where did injury occur?
 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) **F. A. Mason** M. D.
 (Address) **205 University Club**



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No.)

File No.

Registered No. 476

St. Ward)

2. FULL NAME

Charles E. Freedland

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 1933 19 May 2 1933

May 2 1933
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1933

22. I HEREBY CERTIFY that I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance were as follows:

Cerebellar abscess
cause unknown, information given over phone by Dr. H. L. Moore Div. of Vtd. 3-16-33

Other contributory causes of importance

Name of operation Date of 78
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-3542