FEB 12 1938

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

1236
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791 1/2

(b) Township ..... Primary Registration District No. 1003 Registered No. 1092

(c) City St. Louis, Mo. (d) Street No. US Marine Hospital, 3640 Marine Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Freeman F. Eanes 520

(a) Residence, No. ..... St. NR Mounds, Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1918

7. AGE: Years 19 | Months 4 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Enrollee

9. Industry or business in which work was done, as saw mill, bank, etc. General labor at C.C.C. Camps

10. Date deceased last worked at this occupation (month and year) Dec. 20, 1937

11. Total time (years) spent in this occupation Unknown

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

FATHER

13. NAME Eli Eanes

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

MOTHER

15. MAIDEN NAME Eleanor Williams

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

17. INFORMANT Hospital Records
(ADDRESS) U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE No. Cairo, Ill. DATE Jan. 29 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED JAN 29 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1937, 19, to Jan. 28, 1938, 19. I last saw him alive on Jan. 28, 1938, 19. Death is said to have occurred on the date stated above, at 5:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, acute, Broncho pulmonic type.	11-20-37

Other contributory causes of importance: None

Name of operation None Date of .....
What test confirmed diagnosis? Clinical and laboratory Was there an autopsy? No

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? No
If so, specify .....

(Signed) H. R. Bush, P.A. Surg. USPHS, M. D.
(Address) US Marine Hospital, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L.C. Hoffmeister #3871

L. E. V. Berryman #4018

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Geo. W. Hoffmeister

Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)