

REC'D MAR 14 1938

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

4609

Do not use this space.

1254

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **Saint Louis** (d) Street No. **FIRMIN DESLOUVE HOSPITAL** 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 **Martha Freeman,** **655**

(a) Residence, No. **4916 Odell Ave.** St. **13** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 16, 1859.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 2 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
9. Industry or business in which work was done, as 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) **Missouri** **0**FATHER 13. NAME **John Todd** **1**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky** **9**MOTHER 15. MAIDEN NAME **Jane Ham**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT **Edna M. Stone, M. D.**
(ADDRESS) **4916 Odell Avenue.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Mt. Hope Cemetery** DATE **Feb. 4,** 19**38**19. FUNERAL DIRECTOR **Craig Undertaking Co.,**
(ADDRESS) **4468 Washington Blvd.**20. FILED **FEB 8 1938** **J. B. Bredack**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 2** 19**38**22. I HEREBY CERTIFY That I attended deceased from **Jan 31** 19**38** to **Feb 2** 19**38**I last saw her alive on **Feb 1** 19**38**. Death is said to have occurred on the date stated above, at **8:45** a.m.

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

Chronic Parenchymatous Nephritis Date of onset

Other contributory causes of importance:

Dietetic Mellitus

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) **Fitzpatrick**, M. D.(Address) **3206 Lafayette St**

STATEMENT BY LICENSED EMBALMER

I, Philip M. Craig, Licensed Embalmer No. 3281

hereby certify that the body recorded on the reverse side of this certificate was embalmed by AS

L. E.

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

working under my personal supervision.

Signed

Philip M. Craig

Licensed Embalmer No. 3281

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.)