

REC'D APR 12 1939

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

8308  
Do not use this space.

1. PLACE OF DEATH

(a) County \_\_\_\_\_ Registration District No. 791  
(b) Township \_\_\_\_\_ Primary Registration District No. 1008  
(c) City ST. LOUIS (d) Street No. 3332 Bell Registered No. 2073  
(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

655 LOUARD FREEMAN  
(a) Residence, No. 3332 Bell St. 21 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14-1899

7. AGE YEARS 39 MONTHS 6 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Out of Work  
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) Mo. 0

FATHER 13. NAME Cyrus Freeman 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

MOTHER 15. MAIDEN NAME Living Carter

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

17. INFORMANT (ADDRESS) Mildred Carter

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park (DATE) Mar 8 1939

19. FUNERAL DIRECTOR (ADDRESS) F. A. Greer

20. FILER J. P. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1939 to Mar 3 1939

I last saw him alive on 3/3 1939 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Acute Pneumonic Phthisis Date of onset 2-19

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Microscopic 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) Augustine P. Taylor, M. D.

(Address) 13145 a 46 avenue

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, *F. A. Gissen* Licensed Embalmer No. 2963

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

..... L. E. ....

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

working under my personal supervision.

Signed *F. A. Gissen*  
Licensed Embalmer No. 2963

**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.)**