

Registration District No. **791**

Primary Registration District No. **1003**

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: **Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
(Specify whether  
In this community **Life**  
years, months or days)

3. (a) PRINT FULL NAME **Katie Freeman**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Separated**  
6. (b) Name of husband or wife **Unk** 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **Unk** **1910**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>Abt 30</b>			..... hr. .... min.

9. Birthplace **Unk**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Nil**  
11. Industry or business.....  
12. Name **Martin Watson**  
13. Birthplace **Unk**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unk**  
15. Birthplace **Unk**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Florence A. Spittle**  
(b) Address **2601 N Whittier**  
17. (a) (b) Date thereof **12-27-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **City Cemetery**  
18. (a) Signature of funeral director **Wm Hamilton**  
(b) Address **City Health Dept**  
**DEC 26 1940**  
19. (a) (Date received from registrar) (b) **J. F. Brubaker**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County.....  
(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1115 Carr St**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **December** day **5**  
year **1940** hour **11:35** minute..... P. M.

21. I hereby certify that I attended the deceased from **December 3, 1940** to **December 5, 1940**  
that I last saw her alive on **December 5, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus & Coma**  
Duration **10 days**

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....  
Of autopsy **As above**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)  
Means of injury.....  
23. Signature **Edw. A. Outsky** (M. D. or other)  
Address **2601 N Whittier** Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

---

---

**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.....

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

..... P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**