

STANDARD CERTIFICATE OF DEATH

16424

State File No. \_\_\_\_\_

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 3942

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: Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1711  
(d) Street No. 4125 Enright (rear)  
(If rural, give location) 9  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Freddie Louise Cameron

3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 27 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 5 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fred Camerson  
13. Birthplace Birmingham Alabama  
(City, town, or county) (State or foreign country)  
14. Maiden name Eloise Hillis  
15. Birthplace Jonesboro Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Camerson  
(b) Address 4125 Enright Ave. (rear)

17. (a) Burial (b) Date thereof May 12 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 1019 1/2 Hwy Avenue

19. (a) MAY 19 1941 (b) J. W. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1941 hour 9:10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from May 1, 1941 to May 7, 1941,  
that I last saw her alive on May 7, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia - Rt. upper-middle Duration 1 mo.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Lobar Pneumonia

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) (e) Means of injury 0

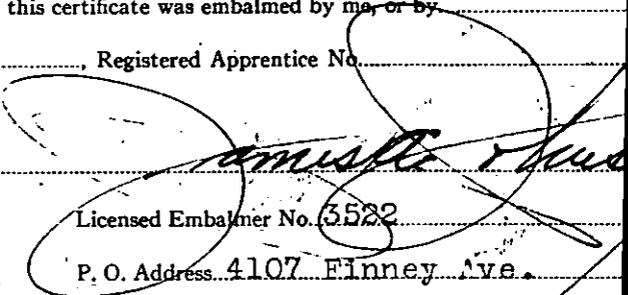
23. Signature H. E. Peace (M. D. or other) \_\_\_\_\_  
Address 2601 N. Whittier Date signed 5-8-41

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

30  
17  
9

**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  
..... James A. Johnson ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3582

P. O. Address... 4107 Finney Ave.

**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.)**

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