

FILED SEP 17 1941 751

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6503

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

FILED SEP 17 1941

1. PLACE OF DEATH

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 5 days (Specify whether years, months or days)

In this community 0 years, months or days

3. (a) PRINT FULL NAME Freda Marie Surgeon.

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>James R.</u>	6. (c) Age of husband or wife if alive <u>47</u> years	
7. Birth date of deceased <u>Feb. 2 1896</u> (Month) (Day) (Year)		

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>6</u>	<u>5</u>	hr. min.

9. Birthplace Gilbed Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name David Burns

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown DeShery

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James R. Surgeon

(b) Address Nebo, Ill.

17. (a) Removal (b) Date thereof 8/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longview, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 18 1941 (b) J. J. Predict
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike 997

(c) City or town Nebo 11

(d) Street No. Route # 2 (If rural, give location) 21R

(e) Citizen of foreign country? _____ (Yes or No) 2

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1941 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from Aug 2 1941 to Aug 7 1941

that I last saw her alive on Aug 7 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary infection

Due to Carbuncles of liver with hepatic insufficiency

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Pulmonary infection; Carbuncles of liver, gallstones

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 _____

23. Signature J. J. Predict (M. D. or other) _____

Address BARNES HOSPITAL Date signed 8-24-41

Duration _____

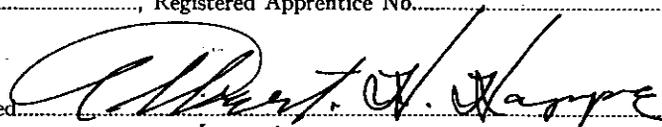
PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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. 1861

P. O. Address.....

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.