

Registration District No. 704

Primary Registration District No. 100

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:  
4737 Newport Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Frances Elizabeth Freeman

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. \*\*\*\*\*

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

6. (b) Name of husband or wife Eugene Freeman 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February 19 1896  
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Andrew J. Malone  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances A. Geekie  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Freeman  
(b) Address 4737 Newport Ave

17. (a) Burial (b) Date thereof April 18 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary cemetery  
Petz Brothers

18. (a) Signature of funeral director.....  
(b) Address 3029 Lafayette Ave

19. (a) Apr 27 1942 (b) J. F. Braddock  
(Date received local registrar) (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. 4737 Newport Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day April  
year 1942 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from 3-24 1942 to 4-15 1942  
that I last saw her alive on 4-10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Embolism

Due to

Due to 111a

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

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.....

23. Signature Gregory (M. D. or other) 0  
Address Truster Bldg 27th St, Mo Date signed 4/16/42

Dr. W. J. Jones  
4500 Olive St  
Fo 3800

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**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.....

*Frank J. Owens*

Licensed Embalmer No. *2245*

P. O. Address.....

*Lawrence*

**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.**