

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirm.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 Weeks
(Specify whether
In this community 8 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 040
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4340 N. Market
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frozone Freeman
3. (b) If veteran, name war ----
3. (c) Social Security No. None

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Freeman 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Unavailable 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 40 hr. min.

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

10. Usual occupation Housewife

11. Industry or business ----

12. Name Lawrence Trudo 9

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

14. Maiden name Jane Marshall 11

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

16. (a) Informant Robert Freeman
(b) Address 4340 N. Market

17. (a) Burial (b) Date thereof 1/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney

19. (a) JAN 22 1945 J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th
year 1945 hour 10:00 minute P.M.

21. I hereby certify that I attended the deceased from 6-16, 1944, to 1-16, 1945;
that I last saw her alive on 1-16, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Peritonitis, hepatic Pneumonia
Duration 1.16 days
2. Terminal

Due to Following Hysterectomy

Due to 61

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations Uterine Fibroids
Of autopsy _____

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 2

23. Signature J. F. Budick (M. D. or other) _____
Address #11 N. Jefferson Date signed 1-20-45

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.....

Thomas J. Gates.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No..... 4259.....

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.