

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

**FILED** **APR 8 1946**

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3322<sup>a</sup> Franklin near  
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo

(b) County 000

(c) City or town St. Louis 21 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 3322<sup>a</sup> Franklin near  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** CYRUS. FREEMAN, Jr.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matthe Freeman

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan 8, 1873  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>73</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

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

**MOTHER, FATHER**

12. Name Cyrus Freeman

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

14. Maiden name Ella Carlise

15. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Matthe Freeman near

(b) Address 3322<sup>a</sup> Franklin near

17. (a) Burial (b) Date thereof April 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heavenly Can

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave.

19. (a) APR 7 1946 (b) J. J. Prudek  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 3  
year 1946 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Mar. 29 1946 to Apr 3 1946  
that I last saw him alive on Apr 3 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death 6 hr interstitial nephritis son mork

Due to Age - senility

Due to uremia

Other conditions Paralytic delay  
(Exclude pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN 6 da

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 Thos. H. Lewis (M. D. or other) \_\_\_\_\_  
Address 3154<sup>1/2</sup> Easton Date signed 4-6-46

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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.....

*Gardeen*

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin 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.**