S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35729

FILED NOV 3 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9701

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

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 0
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4712 McMillan 9
(If rural, give location) 12 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nellie Freeman
3. (b) If veteran, name war nil
3. (c) Social Security No. Nil
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Hershell Freeman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 14 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
51	10	3	hr. min.

9. Birthplace Montgomery County Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business Home
FATHER
12. Name Robert Collins
13. Birthplace Montgomery County Tenn
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bernie Burton
15. Birthplace Montgomery County Tenn
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Evelyn Clark
(b) Address 7089 N. Taylor
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. W. Bruce
(b) Address 4469 Washington Ave
19. (a) OCT 20 1947 (Date received local registrar) (b) J. F. Bruecek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 17 year 1947 hour 8 minute 5 P.M.
21. I hereby certify that I attended the deceased from Oct. 10 1947 to Oct. 17 1947 that I last saw her alive on Oct. 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (Means of injury)
23. Signature James Whittier (M. D. or other)
Address 2601 N Whittier St Date signed 10/18/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Frederick P. Stark, Registered Apprentice No. 74, working under my personal supervision.

Signed Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo.

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.