No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14092

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3789

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: St. Louis Children's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town ~~St. Louis~~ 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1329 Pennsylvania
(If rural, give location) NR
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country --

3. (a) PRINT FULL NAME Douglas Ellis Freeman
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive --
7. Birth date of deceased Sept (Month) 29 (Day) 1943 (Year)
8. AGE: Years 4 Months 6 Days 22 If less than one day hr. min.
9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation None
11. Industry or business --
12. Name John R. Freeman (FATHER)
13. Birthplace Union County, Ill. (City, town, or county) (State or foreign country) 1
14. Maiden name Bernice Ham (MOTHER)
15. Birthplace Dunklin County, Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant Mr. John R. Freeman
(b) Address 1329 Penn. St. Louis (14) Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter, St. Chas, Mo.
18. (a) Signature of funeral director H. C. Dallmeyer & Son
(b) Address 800 N 2nd St. Charles, Mo.
19. (a) APR 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1948 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from 4/1/, 1948, to 4/21/, 1948, that I last saw him alive on 4/21/, 1948, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Miliary Tuberculosis
Lungs involved
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (e) Means of injury 0
23. Signature Gilbert B. Forbes (M. D. ~~or other~~)
Address Children's Hosp. Date signed 4/21

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Joseph I Landrot

Licensed Embalmer No. 4189

P. O. Address St Charles

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.