

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

15976

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No. ....  
 Township..... Primer Registration District No. 1000 Registered No. 4899  
 City St. Louis (No. City Hospital St. .... Ward)

**2. FULL NAME**

(a) Residence No. 4515 Newberry Terrace (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. 7 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
52 | 7 | 3

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Printer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. Freeman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

12. MAIDEN NAME OF MOTHER Emma Bourquet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

14. INFORMANT (Address) Edouard Chouan City Hospital

15. FILED 23 1921 May 6 Starkeoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1921

17. I HEREBY CERTIFY that I attended deceased from June 6, 1921 to June 10, 1921 that I last saw him alive on June 10, 1921, and that death occurred, on the date stated above, at 2:10 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis (Ch. Cordis)  
42 H  
1108  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Pneumonia Perforans  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? .....

19. DID AN OPERATION PRECEDE DEATH? .....

20. WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) R. W. ... M.D.  
11, 1921 (Address) City Hospital

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL June 13 1921

20. UNDERTAKER Lynch-Jully ADDRESS 4222 Albe