

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

Do not use this space.

18212

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1000  
 City St. Louis (No. Esplanade City Ward #1 St. Ward)

File No. ....  
 Registered No. 5389

**2. FULL NAME**

William Craig Wilson, Fraser  
 (a) Residence. No. 11 N. 6 St., 25 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

Male White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Hebrew

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

ab. 70

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) unknown  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hebrew

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

"

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

"

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

"

(STATE OR COUNTRY)

14.

INFORMANT (Address)

J. W. Remer  
Coroner's Office

15.

FILED

IN 3 1930

at U. Starling

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1930

17. No Physician in attendance  
 I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19.....  
 that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... 11:00 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
9.30

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Remer M. D.  
6/2 1930 (Address) Dep. Coroner

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Sollers Field

6/4 1930

20. UNDERTAKER

ADDRESS

Ziegler

2021 Cherokee

N. B.—Every item of information furnished should be stated EXACTLY. PH. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

1951

1951

1951

1951

1951

1951

1951

1951

State of Missouri)  
(SS.  
City of St. Louis)

Laura Mc Adams  
2413 Elliott Ave  
St. Louis Mo

I, Laura McAdams formerly Laura Fraser of the City of St. Louis, of lawful age being first duly sworn do depose and say as follows - A Coroner's inquest was held on the body of one named in the Corner's records as William Frazier (Who died on the 25th of May 1930 at about 11:50 P. M. enroute to the City Hospital No. 1 from Chronic Myocarditis) whereas it should read Wilson Fraser whom I divorced in the St. Louis Court of Domestic Relations at the April Term in 1925 (Case 86948-B)

Laura Mc Adams

Subscribed and sworn to before me a notary Public this 17th day of June 1930.

My commission expires September 7th, 1930.

A. H. Foote

Notary Public.

WITH UNFADING INK--THIS IS A PERMANENT RECORD

100

NOTARY PUBLIC

ST. LOUIS