

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

REC'D JUN 9 1938

16647  
Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis MO Registration District No. 791  
 (b) Township St. Louis MO Primary Registration District No. 1008 Registered No. 4508  
 (c) City St. Louis MO (d) Street No. LUTHERAN HOSPITAL St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

ADDIE FRAZIER 626  
 (a) Residence, No. 3568 S. BROADWAY St. 24 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HARRY FRAZIER  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 7, 1864  
 7. AGE YEARS 73 MONTHS 8 DAYS 10 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. OWNER  
 9. Industry or business in which work was done, as saw mill, bank, etc. CONFECTIONERY  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

FATHER 13. NAME UNK. BUREH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER 15. MAIDEN NAME UNK. BAXTER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT GRACE HORSTMAN  
 (ADDRESS) 13568 S. BROADWAY

18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLA CEM. DATE MAY 19 1938

19. FUNERAL DIRECTOR E. J. Schuur  
 (ADDRESS) 3125 Lafayette av

20. FILED MAY 17 1938 J. B. Bredack  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 17 1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937 to May 17, 1938  
 I last saw her alive on May 16, 1938. Death is said to have occurred on the date stated above, at 4:15 A. m.  
 The principal cause of death and related causes of importance were as follows:

Fibroid tumor of the uterus, non-malignant. Syn. Rt. hydronephrosis, non-calculous

Other contributory causes of importance: Senility

Name of operation Hysterectomy Date of 5/16/38  
 What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19...  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify  
 (Signed) R. Skarn, M. D.  
 (Address) 2002 So. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Joseph B. Vollmer, Licensed Embalmer No. 4014  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Joseph B. Vollmer  
Licensed Embalmer No. 4014

**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.)**