DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38133

Registration District No. 7911 Primary Registration District No. Registrar's No. 9972

1. PLACE OF DEATH: 1008
(a) County: ST LOUIS 2
(b) City or town: ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2628 A. N. NEWSTEAD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 1
(a) State: Missouri (b) County:
(c) City or town: St Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No.: 2628 A N. New Stead
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: WILLIAM FRAZIER 626
3. (b) If veteran, name war: NO.
3. (c) Social Security No.: NONE.
4. Sex: MALE
5. Color or race: COL.
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name ~~of husband or~~ wife: HELEN
6. (c) Age of ~~husband or~~ wife if alive: 56 YRS years
7. Birth date of deceased: 8 (Month) 3 (Day) 1887 (Year)

8. AGE: Years 52 Months 3 Days 16 If less than one day hr. min.

9. Birthplace: NATCHEZ (City, town, or county) MISS. (State or foreign country)
10. Usual occupation: LABORER FOR CITY 1
11. Industry or business: DEPT. OF REFUSE
FATHER 12. Name: UNKNOWN 9
13. Birthplace: UNKNOWN (City, town, or county) UNKNOWN 9 (State or foreign country)
MOTHER 14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant's own signature: Helen Frazier
(b) Address: 2628 A N. NEWSTEAD
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11 22 39 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ WASHINGTON PARK
18. (a) Signature of funeral director: LOVE UND. CO. INC.
(b) Address: 3103 WASHINGTON BLVD.
19. (a) NOV 22 1939 (Date received for record) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day 19th year 1939 hour [illegible] minute A. M.
21. I hereby certify that I attended the deceased from 11.17.39, 19, to 11.19, 1939; that I last saw h~~e~~ alive on 11.19.39, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart Disease — Duration
Due to:
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings: Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause to 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

23. Signature: J. B. Harris (M. D. or other)
Address: 2850 a Easton Date signed: 11/20/39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 I X1951

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

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 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 Arthur L. Heilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson St

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, above space should be left blank.