

Registration District No. 1003 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis, Missouri  
(c) Name of hospital or institution: St. Louis City Hospital  
(d) Length of stay: In hospital or institution 2 Mos. 8 Days  
In this community 2.5 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Mo (b) County..... St. Louis  
(c) City or town..... St. Louis  
(d) Street No. 8928 W. Pine Brentwood  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John Tony Frazer  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 18, year 1942 hour 7:20 minute P. M.

4. Sex Male  
5. Color of hair White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Divorced  
6. (c) Age of husband or wife if known years Unknown

21. I hereby certify that I attended the deceased from February 10, 1942 to April 18, 1942 that I last saw him alive on April 18, 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased April 4 - 1877  
8. AGE: Years 65 Months 0 Days 14

Immediate cause of death Sarcoma of thigh  
Secondary metastases to left lung and mediastinum  
Duration 2 yrs. 4 mo.

9. Birthplace Italy 5

Due to  
Other conditions  
Major findings: Sarcoma of thigh  
Of operations

10. Usual occupation Store keeper  
11. Industry or business Grocery

Physician Underline the cause to which death should be charged statistically  
If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....

12. Name Unknown  
13. Birthplace Italy  
14. Maiden name Unknown  
15. Birthplace Italy

Of autopsy Metastases to left lung, pleura, mediastinum, hydrothorax  
If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....

16. (a) Informant J. J. Torrey  
(b) Address 8929 W. Pine Brentwood

(b) Where did injury occur? (c) (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof Apr 21 - 1942  
(c) Place: burial or cremation Calvary Cem.  
18. (a) Signature of funeral director Harry Widemüller  
(b) Address 6703 Grayson

While at work? (Specify type of place) (e) Means of injury

19. (a) APR 21 1942 (Date received local registrar)  
J. F. Bredeck (Registrar's signature)

3. Signature R. R. Benson (M. D. or other)  
Address 1515 Lafayette Avenue Date signed 4/20/42

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

MOTHER FATHER

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**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.....

*Albert G. Hoppe*

Licensed Embalmer No.....

*2991*

P. O. Address.....

**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.**