S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18967

State File No.

FILED JUN 22 1942

Registration District No. 7842

Primary Registration District No. 106

Registrar's No. 1322

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
U. S. Marine Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Florida (b) County X

(c) City or town Sarasota
(If outside city or town limits, write "RURAL")

(d) Street No. 467 Ea. 9th St.
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME FRAZEE - Robert Blair

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased April 5, 1924 (Month) (Day) (Year)

8. AGE: Years 18 Months 2 Days 9 If less than one day X hr. X min.

9. Birthplace New Jersey (City, town, or county) (State or foreign country)

10. Usual occupation Machinist Mate 3 c

11. Industry or business U.S. Marine Corps

FATHER
12. Name Andrew B. Frazee
13. Birthplace New Jersey (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Grace Conover
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Clinical Records of Hospital
(b) Address 525 Couch Ave., Kirkwood, Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof June 18, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia, Pa.

18. (a) Signature of funeral director C. Hoffmeister N.K.C.
(b) Address 7814 S. Broadway

19. (a) JUN 18 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th year 1942 hour 3:08 minute P. M.

21. I hereby certify that I attended the deceased from May 29, 1942, 19 to June 14th 19 42 that I last saw him alive on June 14th 19 42 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis, acute - Uremia	2 wks
Due to Perforated gastric ulcer; Peritonitis localized; Abscess retroperitoneal	unknown
Other conditions X (Include pregnancy within 3 months of death)	
Major findings: Of operations X	
Of autopsy same as above	

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) unknown

(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 [signature] Surg. (R) (M. D. or other)

Address U.S. Marine Hosp. Kirkwood, Mo. Date signed 6-16-42

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin H. Liebinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.