

Filed DEC 1 1942

1003

Registrar's No. 9709

Registration District No.

Primary-Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4339 Olive Str.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT NAME EMMA L. FRASER

3. (b) If veteran, name war..... 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Daniel Fraser 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 30 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>3</u>	<u>22</u> hr. min.

9. Birthplace Ballwin, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business.....
12. Name Cornelius Slight
13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Miller
15. Birthplace Unknown x Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Madge E. Fraser
(b) Address 4339 Olive Str
17. (a) Cremation (b) Date thereof Nov. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valahlla Crematory

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis Ave

19. (a) NOV 20 1942 (b) J. F. Bredeck
(Date of record) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1942 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from 5-8-41
..... 19..... to 11-21-42 19.....
that I last saw her alive on 11-21-42 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death:
Atherosclerotic Heart Disease
Chronic myocarditis
Senility

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings:
Of operations.....
Of autopsy.....

Duration

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) (e) Means of injury.....

23. Signature Thos. H. Harnet (M. D. or other) M.D.
Address 3657 Grand Square Date signed 11/22/42

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

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 Therese A. Eisenstein

Licensed Embalmer No. 506

P. O. Address.....1936 St. Louis Avenue.....

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.