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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 25 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2110

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: ROBT KOCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Mo. 7 days 0
(Specify whether years, months or days)

In this community 21 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3406 Clark
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME FRAZIER, ALBERTINE BIRDIE

3. (b) If veteran, name war _____ 3. (c) Social Security No. yes

4. Sex 3 F 5. Color or race N 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VERNON FRAZIER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB. 12 1922
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1943 hour 6 minute 57 P.M.

21. I hereby certify that I attended the deceased from Jan 8, 1943 to Sept 15, 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>21</u>	<u>7</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death Pulm Tuberculosis Duration 14 mos?

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

Due to _____

Due to _____

Other conditions 13 F 1
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name ALBERT ROSS

{ 13. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

{ 14. Maiden name ELIZABETH ROE

{ 15. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

Major findings: 13 F 1

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Record

(b) Address Robt Koch Hosp

17. (a) Burial (b) Date thereof 9-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. W. Bueh

(b) Address 1003 27th Garrison

19. (a) 9-20-43 (b) C. D. McFarren, M.D.
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature Frank Cohen (M. D. or other) _____

Address Robt Koch Hosp Date signed 9/16/43

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

9600

707

DEC 27 1944

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clark Young

Licensed Embalmer No.....

3371

P. O. Address.....

St. Louis

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.