. S. No. 2
0M—2-43
ev. 5-17-39
Reg. I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19514

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 761

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks-Hosp't (Specify whether years, months or days)
In this community 12 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 104½ No. 2nd. St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Thomas Frazer
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 65 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Colonial Hotel
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant John J. Walsh
(b) Address 1128 Henry
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Herman W. Bergfeld
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) July 3, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) K.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1946 hour 45 minute 45 P. M.
21. I hereby certify that I attended the deceased from 6-26, 1946, to 6-30, 1946 that I last saw him alive on 6-29-46, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Nephritis
Chronic Nephritis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 [signature] (M. D. or other)
Address 505 Corby Bldg. Date signed 7-2-46

34 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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. Herman Wm Sydenfadem

Licensed Embalmer No. 2728

P. O. Address St. Joseph Mo

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.