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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39662
Registrar's No. 10606

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town MALDEN
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Raymond Frazier
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 10
year 1947 hour 7 minute 45 AM.
21. I hereby certify that I attended the deceased from October 31, 1947 to November 10, 1947
that I last saw him alive on November 10, 1947
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife DORIS 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased OCT 29 1904
(Month) (Day) (Year)

Immediate cause of death Myelogenous leukemia Duration 4 yrs.
Due to
Due to
Other conditions: Bronchopneumonia and uremia
(Include pregnancy within 3 months of death)

8. AGE: Years 43 Months 0 Days 11 If less than one day hr. min.

Major findings: Of operations
Of autopsy As above
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

MOTHER FATHER

9. Birthplace YORKVILLE, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation COTTON GINNER
11. Industry or business
12. Name FRANK R. FRAZIER
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name SADIE RANDOLPH
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant MRS. DORIS FRAZIER
(b) Address MALDEN, MO.
17. (a) BURIAL (b) Date thereof 11-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation MALDEN, MO.
18. (a) Signature of funeral director BOWLAND FUNERAL SER.
(b) Address NOV 4355 WASHINGTON AV
19. (a) NOV 18 1947 (b) J. F. P. (Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature F. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 11/10/47

100001

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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..... *Ronald Yankke*
Licensed Embalmer No. *3917*
P. O. Address *St. Louis, 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.