No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2524

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 781

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

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 6605 Oleatha Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 6605 Oleatha Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Fraas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Elsie Fraas

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb.21st.,1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	11	3	hr. min.

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

10. Usual occupation Retired

11. Industry or business Auto Top

FATHER
12. Name Joseph Fraas
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Corndis
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs.Elsie Fraas
(b) Address 6605 Oleatha Ave.

17. (a) Entombment (b) Date thereof 1-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JAN 26 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th., year 1948 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from Aug. 1946 to Jan. 24 1948 that I last saw him alive on Jan. 24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration 5 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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 Max S. Franklin (M. D. ~~or other~~)

Address 634 N. Grand Date signed 1/26/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Mo.The.Bldg. 2-5 pm.

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.