

5-43
7-39
X36671

FILED AUG 28 1948

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County.....
 (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: St. Louis
5408 So. Broadway, Altenheim. 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1944.
(Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME KATHERINE FRAIZER.

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

4. Sex Female. 5. Color or race White 6. (a) Single, widowed, married, divorced, Single.

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

7. Birth date of deceased May 16, 1879.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69. 3. 1. hr. min.

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

10. Usual occupation At home.

11. Industry or business.....

MOTHER FATHER

12. Name Edward Fraizer.

13. Birthplace Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name Laura Allen.

15. Birthplace Fredericktown, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Fraizer. Prearrangement
 (b) Address 5408 So. Broadway.

17. (a) Removal via Motor (b) Date thereof 8/19/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Missouri.

18. (a) Signature of funeral director G. R. Lupton & Sons.
 (b) Address #7233 Delmar Blvd., AUG 18 1948

19. (a) J. B. Buech (b) J. B. Buech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County..... 005

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5408 So. Broadway. 9
15 0
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th,
 year 1948. hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from July 8, 1948 to August 17, 1948,
 that I last saw her alive on July 23, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 5 da
Duration

Due to Carcinomatosis 1 yr.

Due to Carcinoma of Urinary Bladder - Primary 1 yr

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 52

Of operations.....

Of autopsy.....

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 Ray David Williams (M. D. or other) 0
 Address 114 N. T. Aldor, St. Louis, MO Date signed 8/18/48

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

Dr. R. D. Williams.
114 N. Taylor Ave.,
JE: 8600.
Hrs: - 1 - 5.

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.