

FILED SEP 13 1948

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2700 N. Spring Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Missie Frazier

3. (b) If veteran, name war None
3. (c) Social Security No. None

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

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

7. Birth date of deceased December 16 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 14
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Black

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

14. Maiden name Martha Ketcherside

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

16. (a) Informant Lawrence Christoph

(b) Address 5300 National Blvd

17. (a) Burial (b) Date thereof 9/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leke Charles Cem.

18. (a) Signature of funeral director _____

(b) Address 1209 Union Blvd.

19. (a) SEP 1 1948 (b) J. B. Predeck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1948 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from AUG 19 1948 to AUG 30 1948
that I last saw her alive on AUG 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CARDIAC FAILURE Duration 1 DAY

Due to ARTERIO SCLEROTIC (DEGENERATIVE) CARDIO-VASCULAR DISEASE 2 Mos.

Due to _____
Other conditions CARCINOMA OF CERVIX 3 YRS.
(Include pregnancy within 3 months of death)

Major findings: POST-IRRADIATION PHYSICIAN
Of operations NONE
Of autopsy NONE
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 Robert A. Hall (M. D. or other) M.D.
Address: 3902A LAFAYETTE Date signed 62-8074

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

8/30/48

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 Yahrke

Licensed Embalmer No. 3917

P. O. Address.....

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.