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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 23 1948 18

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 34135
8991
Registrar's No.

Registration District No.

Primary Registration District No.

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:
6169 Westminster Pl.
(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 Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6169 Westminster
5 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EVELYN DURANT FRALEY.
(b) If veteran, name war no
(c) Social Security No. NO

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lawrence Fraley.
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June 6 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name William H. Durant.
unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Katherine A. Brown.
15. Birthplace County Cork, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lawrence Fraley.
(b) Address 6169 Westminster

17. (a) Cremation (b) Date thereof 10-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) OCT 18 1948 (b) J. B. Lavater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1948 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from April 25, 1938 to Oct. 15, 1948
that I last saw her alive on Oct. 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 12 days

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury 0

23. Signature Arthur P. Day (M. D. or other) _____
Address 3720 Washington Date signed 10.16.48

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

12:30 P.M. only

1668

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.