

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24772

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6201**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS 3453^A MIAMI	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3453^A MIAMI		e. STREET ADDRESS 3453^A MIAMI	

3. NAME OF DECEASED (Type or Print) PHOEBE FRASER			4. DATE OF DEATH (Month) (Day) (Year) JULY 17 - 50		
5. SEX F	6. COLOR OR RACE W	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH FEB - 6 - 1878	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS McCLINTOCK		13b. MOTHER'S MAIDEN NAME LOUISA TENNESSEE		14. NAME OF HUSBAND OR WIFE ALLEN FRASER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MARIE FARLEY	
				ADDRESS 3453^{SE} MIAMI	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute pericarditis		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Distal Regurgitation			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H/OX	
22. I hereby certify that I attended the deceased from Jan 3, 1930 to July 17, 1950 , that I last saw the deceased alive on July 17, 1950 , and that death occurred at 67 m. from the causes and on the date stated above.					

23a. SIGNATURE M.D. DePew		(Degree or title)		23b. ADDRESS 1446 S Grand	
23c. DATE SIGNED 7-18-50		24a. BURIAL, CREMA TION, OR OTHER DISPOSAL (Specify)		24b. DATE JULY 20 1950	
24c. NAME OF CEMETERY OR CREMATORY LAKENWOOD PARK		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.			

DATE REC'D BY LOCAL REG. JUL 19 1950		REGISTRAR'S SIGNATURE J. B. Easter		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur	
				ADDRESS 3125 Lafayette Dr.	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Joseph B. Vallance

Signed.....
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 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.