

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

REG. DIST. **318**

PRIMARY REG. DIST. **1003**

Registrar's No. **8203**

BIRTH NO. _____		REG. DIST. 318		PRIMARY REG. DIST. 1003		Registrar's No. 8203	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION 421 S. Leffingwell				d. STREET ADDRESS (If rural, give location) 421 S Leffingwell Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Louise		b. (Middle) Frazier		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) 9-25-1950	
5. SEX Female		6. COLOR OR RACE Cold		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan 9 1905	
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months 8 Days 11		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Swan Lake Ark		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Charles		13b. MOTHER'S MAIDEN NAME Hannah Weckley		14. NAME OF HUSBAND OR WIFE Abe Frazier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Abe Frazier ADDRESS 421 S Leffingwell			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 174X			
22. I hereby certify that I attended the deceased from 6/11 , 19 50 , to 9/25 , 19 50 , that I last saw the deceased alive on 9/25 , 19 50 , and that death occurred at 10:30 m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) 3				23b. ADDRESS 3336 Chestnut		23c. DATE SIGNED 9/25/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-2-50		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St Louis MO	
DATE REC'D BY LOCAL SEP 29 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE A. K. Beal ADDRESS Und Co 2726 Locust			

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 _____

~~Student Embalmer No.~~

working under my personal supervision.

Student
Student Embalmer

Signed

Leroy W. Bannis

Licensed Embalmer No.

45-23

P. O. Address

3880 Easton

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.