

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. .... 1471

BIRTH NO. 18637-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MO b. COUNTY ST LOUIS

c. CITY OR TOWN WOODSON TERRACE 4070

d. Is Residence within limits of a city or incorporated town? Yes  No

e. STREET ADDRESS (If rural, give location) 4522 LAMBERT TERRACE

3. NAME OF DECEASED (Type or Print)  
a. (First) DONNA b. (Middle) MAE c. (Last) FRASIER

4. DATE OF DEATH (Month) (Day) (Year) 2-10-56

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE

8. DATE OF BIRTH 2-6-56 9. AGE (In years last birthday) 4 IF UNDER 1 YEAR Days 4 IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SINGLE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ROBERT FRASIER 13b. MOTHER'S MAIDEN NAME SHIRLEY MAE EICHHOFF

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ROBT FRASIER ADDRESS 9522 LAMBERT TERRACE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Prematurity - from damage

ANTECEDENT CAUSES Prematurity-Atelectasis secondary to duodenal Brain damage secondary to anoxia

Morbid conditions, if any, giving rise to the above cause (c) 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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) 762.5

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6 1956, to 2-10, 1956, that I last saw the deceased alive on 2-9, 1956 and that death occurred at 8:30 a.m., from the causes and on the date stated above. 2-10-56

23a. SIGNATURE Robert H. Friedman M.D. (Degree or title)

23b. ADDRESS 101 S. Meramec

23c. DATE SIGNED Feb 19-56

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 2-11-56

24c. NAME OF CEMETERY OR CREMATORY MT LEBANON

24d. LOCATION (City, town, or county) (State) PATTONVILLE MO

DATE REC'D BY LOCAL REG. FEB 10 1956

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Earl H. ... ADDRESS

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.....  
Signature of Student Embalmer

Signed *Emil J. Hollerman*.....

Licensed Embalmer No. *350*.....

P. O. Address *Oakland*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.