MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8236

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1885

City St. Louis, Mo. (No. Childrens Hospt St. ..... Ward)

2. FULL NAME Rebecca Dean Frayser

(a) Residence. No. 1807 N. Jefferson St., 20 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.E. Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-2-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	4	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James J. Frayser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Haven Rock
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Mary Carley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Houston
(STATE OR COUNTRY) Texas

14. INFORMANT T. Stanton
(Address) 500 So. Kingshighway

15. FILED FEB -9 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1929, to Feb. 8, 1929 that I last saw her alive on Feb. 8, 1929, and that death occurred, on the date stated above, at 6.05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Whooping cough 28 days.
Erysipelas — 2 days.
of Face non Traumatic
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 9
(duration) 15 C yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Examination & autopsy
(Signed) A. C. Edwards, M.D.
2-8, 1929 (Address) 500 S Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvery
DATE OF BURIAL: Feb 11th 1929

20. UNDERTAKER: Bensick-Niehaus
ADDRESS: 1138 N 6th St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.