WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

AUG 25 1936

Do not use this space.

File No. 29407

Registered No. 79

1. PLACE OF DEATH

County St. Louis Registration District No. 1160

Township Primary Registration District No. 4470

City University City (No. 6804a Delmar Blvd. St. Ward)

2. FULL NAME Ella Frazier

(a) Residence, No. 6804a Delmar Blvd St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/28/1873

7. AGE: Years 62 | Months 6 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Jacob Sherer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler, Ill.

MOTHER

15. MAIDEN NAME Sarah Waggoner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT David G. Frazier
(ADDRESS) 6804a Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE 7/ 36

19. UNDERTAKER ALEXANDER AND SONS
(ADDRESS) 6175 Delmar Blvd.

20. FILED July 3, 1936 Lena V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936, to June 30, 1936

I last saw her alive on June 28, 1936. Death is said to have occurred on the date stated above, at 12:00 Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	
Coronary sclerosis (chronic)	

Other contributory causes of importance:

Rheumatism

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) [illegible], M. D.

(Address) [illegible]