

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Township Franklin

City St. Louis

Registration District No. 399

Primary Registration District No. 148

File No. 1460

Registered No. 148

St. 148

Ward)

2. FULL NAME

(a) Residence, No. 2436

(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 1 4

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. unemployed

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

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) Eastport Tex

13. NAME Walter Lee Frazier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eastport Tex

15. MAIDEN NAME Mercedes Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eastport Tex

17. INFORMANT (ADDRESS) D. S. 2944 Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Frederick DATE Jan 11 1938

19. UNDERTAKER (ADDRESS) Julius W. Fischer

20. FILED Jan 11 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-38, 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him on Jan 9 1938, 19. Death is said to have occurred on the date stated above, at 7:00 m.

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

Chronic nephritis (chronic) Hypertensive myocardium

Other contributory causes of importance:

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?

If so, specify.....

(Signed) Russell W. Ben, M. D.

(Address) St. Louis

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.

RECEIVED

FEB 18 1938

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N.C. STATE BOARD OF HEALTH