

NOV 16 1938

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

33728
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **8714**
(c) City **St. Louis** (d) Street No. **Missouri Pacific Hosp.** St.
(e) Length of residence in city or town where death occurred **50** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **3455 1/2 Park Ave** St. **18** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Priscilla Fraser**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 27th. 1875**

7. AGE YEARS **62** MONTHS **9** DAYS **28** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Terminal R.R.**
9. Industry or business in which work was done, as saw mill, bank, etc. **Mail & Baggage**
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 **Edward Fraser**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

MOTHER 15. MAIDEN NAME **Rebecca Toney**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Priscilla Fraser** (ADDRESS) **3455a Park Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Piedmont, Mo.** DATE **10-7-38**

19. FUNERAL DIRECTOR **Provost Und. Co.** (ADDRESS) **3710 N. Grand Blvd.**

20. FILED 19 **38** **Joe Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 5**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **August 18**, 19**38** to **Oct. 5**, 19**38**.
I last saw him alive on **October 5**, 19**38**. Death is said to have occurred on the date stated above, at **12:20** pm.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach & metastasis Date of onset

Other contributory causes of importance:

Name of operation **Laparotomy** Date of **Sept 6/38**
What test confirmed diagnosis? **No** 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 **John T. Vanover**, M. D.
Missouri Pacific Hosp. (Address)

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.

OCT 6 1938

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers, Licensed Embalmer No. 3916

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E. 3916

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

A. A. Smithers

Licensed Embalmer No. 3916

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.)