MAR 17 1939 REC'D APR 7 1939

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

12244
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 784
(b) Township 1 Primary Registration District No. 104 Registered No. 488
(c) City Ferguson, Mo. (d) Street No. 401 Wesley St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SAMUEL FRANKLIN FRAZIER
(a) Residence, No. 401 Wesley St. (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: Flora M. Frazier
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 26, 1873
7. AGE: YEARS 66 MONTHS 1 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired teacher
9. Industry or business in which work was done, as 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): Sparta, Illinois

FATHER
13. NAME: Wm. H. Frazier 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 1

MOTHER
15. MAIDEN NAME: Mary Thompson 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Flora Frazier, 401 Wesley
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparta, Ill DATE 3-19, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Alexander & Sons, 6175 Delmar
20. FILED MAR 17 1939 19 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 16, 1939, to Same, 19
I last saw him alive on March 16, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	1939
Mural thrombosis	1939
right ventricle	1939
Coronary occlusion	
right	

Other contributory causes of importance:
Coronary sclerosis 94B

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No.

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) R. F. Holden Jr., M.D.
(Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

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.

I X14028

1939
97
1862

Dr. Raymond Holden
3720 Washington
JE 4227
Hours - 1 to 4:30

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, J Wm Berkeley, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed J Wm Berkeley

Licensed Embalmer No. 3653

P. O. Address St. Louis Mo

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 this body is not embalmed, above space should be left blank.