

STANDARD CERTIFICATE OF DEATH

State File No. **4344**
Registrar's No. **1579**

FILED MAR 17 1942 791
Registration District No. **1000** Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2415 Menard Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days **14 years** (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **23 000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **2415 Menard Street** (If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **19**
year **1942** hour **11:00** minute _____ A _____ M.
21. I hereby certify that I attended the deceased from **4-18-41**
19____ to **2-19-42** 19____
that I last saw her alive on **Febr 19-42**
and that death occurred on the date and hour stated above. 19____

Immediate cause of death _____
Due to **Chronic Myocarditis**
hypertension
Due to _____
Other conditions **Senile Debility**
(Include pregnancy within 3 months of death)

Duration

5 1/2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **1/30**
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **7**
23. Signature **L. F. Knapp** (M. D. or other) _____
Address **905 Harrison** Date signed **2/20/42**

3. (a) PRINT FULL NAME **EMCY ELIZABETH FRASER**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **James David** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 12, 1857**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	10	6	hr. _____ min. _____

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **House-wife**

11. Industry or business _____

12. Name **unknown**

13. Birthplace **unknown** (State or foreign country)

14. Maiden name **unknown** (State or foreign country)

15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **William Hodge**

(b) Address **2415 Menard Street**

17. (a) **Burial** (b) Date thereof **2-21-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **A. W. McLaughlin**

(b) Address **2301 Lafayette Avenue**

19. (a) **FEB 20 1942** (b) **J. S. Bredich**
(Date received local registrar) (Registrar's signature)

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, or by Charles A. Neighbors, Registered Apprentice No. 319,
working under my personal supervision.

Signed.....

L.R. Cooper
Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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, fact should be so stated above.