V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38020

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2470

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96 0

(c) City or town Rural Unkn 0
(If outside city or town limits, write "RURAL")

(d) Street No. Unkn
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME IRMIE FRASER.

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 7 9

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased JUNE (Month) 7 (Day) 1865 (Year)

8. AGE: Years 77 Months 5 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) SCOTLAND 4 (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business .....

FATHER
12. Name BERNARD FRASER.
13. Birthplace ..... (City, town, or county) SCOTLAND 4 (State or foreign country)

MOTHER
14. Maiden name ELIZ. BOWDER
15. Birthplace ..... (City, town, or county) SCOTLAND 4 (State or foreign country)

16. (a) Informant Pine Crest Nurs. Home
(b) Address Ballwin Mo

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 11-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W Richter
(b) Address 3500 Rutger St.

19. (a) NOV 30 1942 (Date received local registrar) (b) C. G. McGovern MD (Registrar's signature) A.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th year 1942 hour 10 minute 21 P. M.

21. I hereby certify that I attended the deceased from September 18th, 1942, to November 26th, 1942, that I last saw him alive on November 26th, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of ear.	
Due to	
Due to 53	
Other conditions ARTERIO-SCLEROSIS (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature R. W. Jansen (M. D. ~~or other~~)
Address Manchester Mo. Date signed 11/27/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.