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5-17-39
I X2879

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8284

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2529

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: Alexian Bro. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 12

(c) City or town St. Louis. 9 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1905 Semple Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James A. Fraser

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased September 17 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	5	28	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Carrier

11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant R. N. McIntosh.
(b) Address 1905 Simple Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-43.
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAR 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1943 hour 3:45 P.M. minute M.

21. I hereby certify that I attended the deceased from March 3, 1943, to March 15, 1943
that I last saw him alive on March 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr
Coronary Sclerosis

Due to

Due to

Other conditions Anemia Secondary
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. Hayden Mrs. 0 (M. D. or other)

Address 5899 Delmar Date signed 3/16/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Hayden
5988 Delmar
2 - 4 P.M.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis Av

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.