S. No. 2
M—9-4-41
5-17-3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12972

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3080

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
The Isolation Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4/26/43 to 4/28/43 (Specify whether
In this community 15 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12 921

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

(d) Street No. 2735 Lawton Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Marjorie White

3. (b) If veteran, name war

3. (c) Social Security No. unk

4. Sex Female | 5. Color or race Col. | 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 9. (Day) 1910 (Year)

8. AGE: Years 33 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Randolph Frazier

13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name Ella Patterson

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

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) MAY 1 1943 (Date received local registrar) J. F. Bradeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 28 day
year 1943 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from April 26 1943, 19..., to April 28, 1943; that I last saw her alive on April 28, 1943, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculous Meningitis	?
Due to:	
Due to:	
Other conditions: Miliary Tuberculosis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations: Tuberculosis of lungs.
Of autopsy: Tuberculous Meningitis Miliary Tuberculosis

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature David Goldring (M. D. or other)

Address St. Louis Isolation Hosp. Date signed 4-29-43

844

(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~~ me

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

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St Louis

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.