

FILED SEP 8 1944  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7344

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

1. PLACE OF DEATH:

(a) County St. Louis mo

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

(c) Name of hospital or institution:  
St. Marys Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
Specify whether

In this community 3 days  
years, months or days

3. (a) PRINT FULL NAME Rev. Edw. Frazer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race Color

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

6. (b) Name of husband or wife Mary Frazer

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Oct 22 1890  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

53 10 1

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

10. Usual occupation Minister

11. Industry or business Church

12. Name Edw. Frazer

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

14. Maiden name Mallett

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

16. (a) Informant Mary Frazer

(b) Address Route 3 Box 209

17. (a) burial (b) Date thereof Aug 28 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston mo

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau mo

19. (a) Aug 29 1944 (b) J. F. Bredeek  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miss 69

(c) City or town Charleston mo  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 3 Box 209  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 23 day \_\_\_\_\_  
year 1944 hour 9 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Aug 20  
1944 to Aug 23 1944

that I last saw h. alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death = Coronary Occlusion Duration 1 day

Due to Hypertension 6 mth.

Due to \_\_\_\_\_

Other conditions PH  
(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?

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

23. Signature W. J. [unclear] (M. D. or other) \_\_\_\_\_

Address 2316 [unclear] Date signed 8/23/44

SEP 12 1944

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**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 Frank Sparks

Licensed Embalmer No. 3255

P. O. Address Cape Guardaume

**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.**