

No. 2
4-13-40
5-17-39
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FILED JUN 19 1945
Registration District No. 318

Primary Registration District No. 1003

State File No. 18713
Registrar's No. 4999

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 days
(Specify whether In this community 2 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis Co.
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7403 Manchester
(If rural, give location) NR.
(e) If foreign born, how long in U. S. A. 2 1/2 years.

3. (a) PRINT FULL NAME Frazier (unnamed)
3. (b) If veteran, name war Infant 3. (c) Social Security No. _____
4. Sex Female 5. Color or race wh. 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 5, 1945
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5 year 1945 hour 1:10 minute _____ P. A. M.
21. I hereby certify that I attended the deceased from June 5, 1945 to June 5, 1945, that I last saw her alive on June 5, 1945, and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr.s. min.

Immediate cause of death Prematurity
Duration none
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) none

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

10. Usual occupation _____
11. Industry or business _____

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Elmwood Eugene Frazier
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Andrew Dorothy Doerle
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. E. Frazier (Mother)
(b) Address 7403 Manchester Maplewood
17. (a) Burial (b) Date thereof 6-6-45 Mo. _____
(Burial, cremation, or removal) (Month) (Year)
(c) Place: burial or cremation Oak Hill Cem

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? _____

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.
19. (a) JUN 6 1945 (b) J. B. Bredeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature E. O. Breckard (M. D. or other) MA
Address St. Louis Mo Date signed 6-5-45

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

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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.

No Embalme

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.