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

#50702

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35275

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10144

1. PLACE OF DEATH:

(a) County

(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. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether 0
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 110 Russell ave. 23
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM FRAZEE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Olive Frazee

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February (Month) 20 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	3	hr. min.

9. Birthplace Dayton (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Rairoad

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

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

16. (a) Informant Thomas Frazee
(b) Address 110 Russell ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26, 45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co
(b) Address 7814 S. Broadway

19. (a) NOV 24 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 23rd year 1945 hour 1:45 minute A M.

21. I hereby certify that I attended the deceased from 11/20/45, 19..., to 11/23/45, 19...; that I last saw him alive on 11/23/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery Thrombosis with Myocardial Infarction

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94

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 Herbert C. Fritz 1515 Lafayette 11/23/45 (or other)

Address Date signed

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.