. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35276

Registration District No. 1003 Primary Registration District No. Registrar's No. 9922

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:
Residence-1237 Blackstone Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1237 Blackstone Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME MAUDE SHIPP FRAZIER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Robert H. Frazier

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February (Month) 24 (Day) 1879 (Year)

8. AGE: Years 66 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name William C. Shipp
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Leona Crouch
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mr. Robert Frazier
(b) Address 1237 Blackstone Ave., St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd., St. Louis

19. (a) NOV 15 1945 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th year 1945 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from April 10th, 1944, to November 14th, 1945; that I last saw her alive on November 13th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon	18 months
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Secondary anemia	

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

23. Signature Ralph Turner (M. D. or other)
Address 1251 Blackstone Date signed Nov 14-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Rush Turner
1251 Blackstone
MU 1230
Hrs - 1-2

9922

9922

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 Don Paul Marler, Registered Apprentice No. 381, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, M

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.