

FILED MAY 1 1948
Registration District No. **918**

Primary Registration District No. **1003**

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

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:
2027 Miami Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **20 years** (Specify whether years, months or days)
 In this community.....

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. **2027 Miami Street**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **EMMA ANNIE FRAYSHER**

3. (b) If veteran, name war. **Nil** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **M** 6. (c) Age of husband or wife if alive..... **67** years

6. (b) Name of husband or wife **Lewis**

7. Birth date of deceased..... **February 10, 1883**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5th** year **1947** hour **10:35** minute **a** M.

21. I hereby certify that I attended the deceased from **10-5**, 19**46** to **4-10**, 19**47** that I last saw her alive on **4-20**, 19**47**; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
64	3	10	hr. min.

Immediate cause of death **Ca. of Urinary Bladder.**

Due to **52**

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **?** **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-wife**

11. Industry or business **At Home**

Major findings:
 Of operations.....
 Of autopsy.....

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **William F. McKay**

13. Birthplace **?** **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Sofrona Benton**

15. Birthplace **?** **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Willia Belle Ham**
 (b) Address **2027 Miami Street**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **4-23-47**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Laurel Hill Cemetery**

18. (a) Signature of funeral director **A.W. McLaughlin**
 (b) Address **2801 Lafayette Avenue**

19. (a) **APR 22 1948** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

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?

23. Signature **Elmer J. [Signature]** (Specify type of place) **0**
(M. D. or other)
 Address **320 [Address]** Date signed **4-24-47**

St. Louis, Mo

Mr E P Scott
3258 Lafayette

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.....

L. P. Casper

Licensed Embalmer No. *3633*

P. O. Address. *2317 Lafayette*

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.