

National Office of Vital Statistics  
FILED APR 3 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Missouri**  
(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**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **0** (Specify whether  
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO** (b) County..... **097**  
(c) City or town..... **ST. LOUIS** (If outside city or town limits, write "RURAL")  
(d) Street No. .... **1644 TEXAS AV.**  
**Memorial** (If rural, give location)  
(e) Citizen of foreign country?..... **23** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **ANDREW FRAZIER**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... **March** day..... **21st**  
year..... **1948** hour..... **7** minute..... **15** A.M.  
21. I hereby certify that I attended the deceased from **3/8/48**  
..... 19....., to..... **March 21st**, 19 **48**  
that I last saw him alive on..... **March 21st**, 19 **48**  
and that death occurred on the date and hour stated above.

4. Sex..... **M** race..... **W**  
5. Color or divorced..... **M**  
6. (a) Single, widowed, married,  
6. (b) Name of husband or wife..... **THELMA FRAZIER** alive..... years  
6. (c) Age of husband or wife if  
7. Birth date of deceased..... **MARCH 13 1895**  
(Month) (Day) (Year)

Immediate cause of death..... **unknown causes**  
Due to.....  
Due to..... **280**  
Other conditions..... (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

8. AGE: Years..... **53** Months..... **0** Days..... **2**  
If less than one day hr..... min.....

9. Birthplace..... **SENITH MO** (City, town, or county) (State or foreign country)  
10. Usual occupation..... **CANDY Salesman**  
11. Industry or business..... **OWN**  
12. Name..... **ANDREW JACKSON FRAZIER**  
13. Birthplace..... **MO** (City, town, or county) (State or foreign country)  
14. Maiden name..... **BETTY MAYO**  
15. Birthplace..... **MO** (City, town, or county) (State or foreign country)

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.....  
Signature..... **Carlisle G. Ivers, M.D.**  
Address..... **1515 Lafayette** (M.D. or other)  
Date signed..... **3/22/48**

16. (a) Informant..... **Mrs. Thelma Frazier**  
(b) Address..... **1644 Texas av**  
17. (a) **Rural** (Burial, cremation, or removal) (b) Date thereof..... **March 24/48** (Month) (Day) (Year)  
(c) Place: burial or cremation..... **PARK LAWN CEM.**  
18. (a) Signature of funeral director..... **E. J. Schmeier**  
(b) Address..... **3125 Lafayette, Av**  
19. (a) **MAR 23 1948** (Date received from registrar) (b) **J. F. Prosser** (Registrar's signature)

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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..... *Van M. Sizemore* .....

Licensed Embalmer No..... *4343* .....

P. O. Address..... *St. Louis Mo.* .....

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.