DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21573

Registration District No. 517 Primary Registration District No. 60-763069 Registrar's No. 1531

**1. PLACE OF DEATH:**

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 660
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3451 Henrietta Street 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Rose Ann Frazier

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced S O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 29 (Day) 1948 (Year)

8. AGE: Years — Months — Days 17 If less than one day hr. min.

9. Birthplace Richmond Heights, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business

FATHER
12. Name Raymond Frazier
13. Birthplace Fort Sill, Oklahoma (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Simino
15. Birthplace Elvins Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Frazier
(b) Address 3451 Henrietta Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery
18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) 6-21-48 (Date received local registrar) (b) Cecil A Shaw MD (Registrar's signature) MSC

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 16
year 1948 hour 3 minute 05 P M.

21. I hereby certify that I attended the deceased from June 5 ~~June 16~~, 1948, to June 16, 1948
that I last saw her alive on June 16, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Congenital debility | 16 days |
| Due to | |
| Due to 158 | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy no gross findings

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 O

23. Signature Roger W Clapp (M. D. or other) MD
Address 6420 Clayton Date signed 6/17/48

(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.....

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**