

No. 300-10-47-17-39 I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38117**  
Registrar's No. **9841**

Registration District No. **318**

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:  
**Enroute City Hospital**  
(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 **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4613 Evans Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Fraiser**

3. (b) If veteran name war **World War I** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Genevieve Fraiser** 6. (c) Age of husband or wife if alive **unk. years**

7. Birth date of deceased **About 1887**  
(Month) (Day) (Year)

8. AGE: **abt. 61?** Years Months Days If less than one day  
hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unknown**

11. Industry or business \_\_\_\_\_

12. Name **John Fraiser**

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

14. Maiden name **Sadie Swan**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Edna Dorenkamp**

(b) Address **4613 Evans Ave.**

17. (a) **Burial** (b) Date thereof **11-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**  
**NOV 12 1948**

19. (a) (Date received local registrar) (b) **J. B. Roster** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10**  
year **1948** hour **8:40** minute **A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Aneurysm, Aortic Regurgitation, Chronic Endocarditis** Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to **J.F.**  
Other conditions (Include pregnancy within 9 months of death) \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature **Patrick E. Taylor** (M. D. or other) \_\_\_\_\_  
Address **My corner** Date signed **11/2/48**

DEC 21 1948

---

---

**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 *Gustav W. Dittel*.....

Licensed Embalmer No. *4329*.....

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.**