

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18825

State's File No. ....

1490

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2063 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clayton, Mo.</b>		c. LENGTH OF STAY (in this place) <b>4 1/2 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b> <b>4356</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. Louis Co. Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>6901 Etzel Avenue</b> <b>1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>BARBARA</b> b. (Middle) <b>FRAZIER</b> c. (Last) <b>FRAZIER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 6, 1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 21, 1892</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Frank Dengler</b>		13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>	14. NAME OF HUSBAND OR WIFE <b>George N. Frazier</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-22-3591</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George N. Frazier, 6901 Etzel, U. City</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarct</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 hrs.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4/20/1</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>420.1</b>	
22. I hereby certify that I attended the deceased from <b>6-6-12:29:50</b> , to <b>6-6-50</b> 19 <b>50</b> that I last saw the deceased alive on <b>6-6-50</b> , and that death occurred at <b>5 pm</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Jack H. Gregory, Jr. M.D.</b> (Degree or title)		23b. ADDRESS <b>601 Brentwood, Clayton</b>		23c. DATE SIGNED <b>6-7-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-9-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Lutheran Cem., Lemay, St. Louis Co., Mo.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark, 1125 Hodiament</b>			
DATE REC'D BY LOCAL <b>JUN 7 1950</b>		REGISTRAR'S SIGNATURE <b>Robert H. Klondike</b>			

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ja M. Clark* \_\_\_\_\_

Licensed Embalmer No. *1661* \_\_\_\_\_

P. O. Address *H. V. Hodman* \_\_\_\_\_

**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.