

FILED JAN 4 1951 STANDARD CERTIFICATE OF DEATH

State File No. 40291

0362

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

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>182</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (if in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Glencoe</u>		<u>4990</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED a. (First) <u>FRASER</u> b. (Middle) <u>Cyprian</u> c. (Last) <u>BROTHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug 25, 1873</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u>		IF UNDER 6 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Church brother</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Francis Fraser</u>			13b. MOTHER'S MAIDEN NAME <u>4. Lora Bernard</u>		14. NAME OF HUSBAND OR WIFE <u></u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>St. Francis Hospital, Washington Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia, myelogenous</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4 yr.</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Dehydrated</u> <u>cardiac</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2</u> <u>2041</u> <u>2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 10</u> 19 <u>50</u> , to <u>Dec. 23</u> 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 23</u> , 19 <u>50</u> , and that death occurred at <u>4:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. W. ... M.D.</u>				23b. ADDRESS <u>Parryville no. 12/240</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 26, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Valle Institute</u>		24d. LOCATION (City, town, or county) (State) <u>Glencoe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 24, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>99 Arthur County, St. Louis, Mo</u>		ADDRESS	

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 30 1950

RECEIVED

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 *Lester A. Velt* _____

Licensed Embalmer No. *3254* _____

P. O. Address *Washington, D.C.* _____

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.