

FILED MAR 8 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7006

State File No.

4000

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>475</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>		4050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 11 Box 815</u>				d. STREET ADDRESS (If rural, give location) <u>Route # 1 Box 815</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Frazier</u> c. (Last) <u>Lorraine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 22, 1871</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maintainence</u>		11. BIRTHPLACE (State or foreign country) <u>Florissant, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
13a. FATHER'S NAME <u>Francis Lorraine</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Pressy</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Lorraine</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Lorraine, Florissant, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Thrombosis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> 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. <u>Prostatic resection</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>15 yrs.</u> <u>2 mos.</u>	
19a. DATE OF OPERATION <u>12-29-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic resection - benign hypertrophy</u> 4201						
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>11-3, 1950</u> , to <u>2-18, 1951</u> , that I last saw the deceased alive on <u>2-18, 1951</u> , and that death occurred at <u>9:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. R. Johnson M.D.</u>				23b. ADDRESS <u>Ferguson Mo</u>		23c. DATE SIGNED <u>2-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ferdinand Cemetery, Florissant, Mo.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>2/20/51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Danks M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Mo.</u>			

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 *L. M. White* _____

Licensed Embalmer No. *3913* _____

P. O. Address *Ferguson, 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.