

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28243
Registrar's No. 7273

318

1003

BIRTH NO. 10029-51		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY St. Louis 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) Lfc	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		249
d. FULL NAME OF HOSPITAL OR INSTITUTION Children Hosp Barnes			d. STREET ADDRESS (If rural, give location) 2124 Chippewa 0		
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence		b. (Middle) Dale	c. (Last) Frazier		4. DATE OF DEATH (Month) (Day) (Year) Aug 14 1951
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 0	8. DATE OF BIRTH Jan. 31 1951		9. AGE (In years last birthday) 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0		10b. KIND OF BUSINESS OR INDUSTRY 0	11. BIRTHPLACE (State or foreign country) Mo 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Erwin Lawrence		13b. MOTHER'S MAIDEN NAME Dolores	14. NAME OF HUSBAND OR WIFE Ann Frazier		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Erwin Frazier 2124 Chippewa		
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) Fibrinopurulent Pericarditis 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.		INTERVAL BETWEEN ONSET AND DEATH
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) 0		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 7544
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 0		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 8/13, 1951, to 8/14, 1951, that I last saw the deceased alive on 8/14, 1951, and that death occurred at 11:10 am., from the causes and on the date stated above.					
23a. SIGNATURE FR Bradley		(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 8/15/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 15 1951	24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis	
DATE REC'D BY LOCAL REG. AUG 15 1951		REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc. 1936 St. Louis Av		

(Licensed Embalmer's Statement on Reverse Side)

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

425

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.