

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11040

State File No. 3066

No. 300
10-48

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 317 Registrar's No. 374

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood	
c. LENGTH OF STAY (In this place)		70 TOWN Kirkwood 4703	
d. FULL NAME OF HOSPITAL OR INSTITUTION 911 N. Taylor		d. STREET ADDRESS (If rural, give location) 911 N. Taylor	

3. NAME OF DECEASED (Type or Print)	a. (First) Randolph	b. (Middle) L.	c. (Last) Frazer	4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1885	9. AGE (In years last birthday) 66	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) Retired Owner	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Cowden, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Warren Frazer	13b. MOTHER'S MAIDEN NAME Tillie Smith	14. NAME OF HUSBAND OR WIFE Louise
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-22-2827	17. INFORMANT'S SIGNATURE OR NAME Louise Frazer	ADDRESS 911 N. Taylor
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 min.
	*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 1 yr		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4/00

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-15, 1951**, to **2-10, 1952**, that I last saw the deceased alive on **2-10, 1952**, and that death occurred at **10:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Masas Omond M.D.	23b. ADDRESS 317 Univ. Club Bldg	23c. DATE SIGNED 2-11-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-11-52	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Steeleville, Mo.
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DATE REC'D BY LOCAL REG. 2-12-52	REGISTRAR'S SIGNATURE Nerbert H. Bond	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4023

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4198

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.