

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22002**  
**5475**

FILED JUN 24 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **348** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		2050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEACONESS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>5696 Kingsbury</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NELLE</b>		b. (Middle)		c. (Last) <b>FRAZEE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 13, 1952</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Jan. 1, 1874</b>	
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired-Sec. &amp; Treas.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wimmer Const. Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clark Co Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Sam R Frazee</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Reed</b>		14. NAME OF HUSBAND OR WIFE	

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>488-03-2378NA</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Rhodius, Bartlesville, Okla</b>		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Coronary Thrombosis</b> ANTECEDENT CAUSES <b>Arterio Sclerosis, Hypertension</b> Morbidity conditions, if any, giving rise to the above cause. (a) state the underlying cause last. <b>Due to (b) Sustained fracture of right hip</b> DUE TO (c) <b>Fracture healed.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>One hour</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>2/4/52</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, hotel, 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 <b>260XF</b>			

22. I hereby certify that I attended the deceased from **4/25, 1924**, to **6/13, 1952**, that I last saw the deceased alive on **6/13, 1952**, and that death occurred at **7 A m.**, from the causes and on the date stated above.

23. SIGNATURE <b>Carl Smith M.D.</b> (Degree or title)		23b. ADDRESS <b>7833 Washington St. St. Louis</b>		23c. DATE SIGNED <b>6/13/52</b>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <b>June 16, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>7800 St. Charles Rd</b>			

DATE REC'D BY LOCAL REG. <b>JUN 14 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>		ADDRESS <b>7233 Delmar Blvd</b>	
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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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.