

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30389

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2127

1. PLACE OF DEATH a. COUNTY St Louis		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 township) OR TOWN Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital		d. STREET ADDRESS 4337a Strodtman Pl.	

3. NAME OF DECEASED (Type or Print) a. (First) CLIFFORD b. (Middle) LEE c. (Last) FRAZER			4. DATE OF DEATH (Month) (Day) (Year) 8 11 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	
8. DATE OF BIRTH 8-7-52		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0 Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Normandy, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Clifford Frazer		13b. MOTHER'S MAIDEN NAME Wanda Ann Dilday		14. NAME OF HUSBAND OR WIFE none	
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. none		17. INFORMANT'S SIGNATURE OR NAME X Clifford Frazer	
				ADDRESS 4337a Strodtman	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asphyxia, Prematurity		INTERVAL BETWEEN ONSET AND DEATH 4 Day	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity			
		DUE TO (c)			
		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		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, 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 Aug 7, 1952, to Aug 11, 1952, that I last saw the deceased alive on Aug 11, 1952, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David L. Light D.O.		23b. ADDRESS 5738 W. Flouissant		23c. DATE SIGNED 8-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 11, 52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
				24d. LOCATION (City, town, or county) (State) Normandy Mo.	

DATE REC'D BY LOCAL REG. 8/11/52		REGISTRAR'S SIGNATURE Harbert D. Dombke MD		25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly	
				ADDRESS 7267 Natural Bridge	

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

66218
FILED AUG 23 1952

10-48

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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James A. Summers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.