

DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10937  
Registrar's No. 10937

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>5 DAYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Lutheran Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crescent</u> d. STREET ADDRESS (If rural, give location) <u>Lewis Road</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Frazier</u> c. (Last) <u>Irvine</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 27, 1952</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>May 15, 1886</u>
<b>9. AGE</b> (In years last birthday) <u>66</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own home</u>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>George L. Frazier.</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Betty Lewis</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Gerald Irvine</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Adrian W. Frazier, 1319 Macklind St. Louis, Mo.</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Crown Aneurysm -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis Myocarditis</u> DUE TO (c) <u>Hypertension</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic thrombosis -</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 days</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>4201</u>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Jan 1951</u> , to <u>11/27/52</u> , that I last saw the deceased alive on <u>11/27/52</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>W. H. Lindhardt M.D.</u>		<b>23b. ADDRESS</b> <u>5203 Chippewa</u>	
<b>23c. DATE SIGNED</b> <u>11/28/52</u>		<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>Nov. 29, 52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lewis Private</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Crescent, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>NOV 28 1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Schrader Funeral Home, Ballwin, 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

*Her Schraeder*

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, 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.