

No. 306
No. 48

XC-15 562 540
SL-1115

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20482
5468
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 43 days		e. STREET ADDRESS (If rural, give location) 608 Marion Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			

3. NAME OF DECEASED (Type or Print) DOLA	a. (First)	b. (Middle) H.	c. (Last) FRAZIER	4. DATE OF DEATH (Month) (Day) (Year) 6-17-54
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5. SEX MALE <input type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-21-1926	9. AGE (In years) (Last birthday) 27	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Portageville, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charlie Frazier	13b. MOTHER'S MAIDEN NAME Josie Robbins	14. NAME OF HUSBAND OR WIFE Aubrey Frazier
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW-2	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, 915 N. Grand, St. Louis, Mo	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILE NEPHROSIS DUE TO		INTERVAL BETWEEN ONSET AND DEATH Unknown
	ANTECEDENT CAUSES LIVER FAILURE DUE TO		
	As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) POST NECROTIC HEPATIC SCARRING 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 checked="" type="checkbox"/> NO <input 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) 581.0
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 5-5-54, 19, to 6-17-54, 19, and that death occurred at 1:05p m., from the causes and on the date stated above.

23a. SIGNATURE J. T. Kaminickas (Degree or title)	23b. ADDRESS VA HOSP. 915 N. Grand, St. Louis, Mo.	23c. DATE SIGNED No. 6-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal tray	24b. DATE 6-18-54	24c. NAME OF CEMETERY OR CREMATORY unk	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri
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DATE REC'D BY LOCAL JUN 18 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	ADDRESS 6322 S. Grand Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
David Van Tassan

Licensed Embalmer No. *434*

P. O. Address *6322 So*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.