

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24545

State File No.

No. 300
10-48

FILED JUL 26 1954

318

1003

5917

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

1. PLACE OF DEATH a. COUNTY		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 St. Louis		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)		e. STREET ADDRESS (If rural, give location) 1925 N. Sarah	21190
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Levi	b. (Middle)	c. (Last) Frazier	4. DATE OF DEATH	(Month) 6	(Day) 26	(Year) 54
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5. SEX M	6. COLOR (OR RACE) C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 7 1903	9. AGE (In years last birthday) 51	10. MONTHS 5	11. DAYS 26	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY REV.	11. BIRTHPLACE (City and State or Foreign Country) MISS.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME WILLIE FRASIER	13b. MOTHER'S MAIDEN NAME CORA BOWLING	14. NAME OF HUSBAND OR WIFE CALLIE FRASIER
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Callie Frazier	18. ADDRESS 1925 N. Sarah
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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		INTERVAL BETWEEN ONSET AND DEATH Unkt.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Duodenal Ulcer with Recurrent Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Subtotal Gastric Resection P. O. Evisceration	

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? 5410
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22. I hereby certify that I attended the deceased from 5-20, 1954, to 6-26, 1954, that I last saw the deceased alive on 6-26, 1954, and that death occurred at 1:40A m., from the causes and on the date stated above.

23a. SIGNATURE Earl Belle Smith	(Degree or title) M.D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 6-28-54
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 7-3-54	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD Cem.	24d. LOCATION (City, town, or county) (State) Wellston MO
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DATE REC'D BY LOCAL REG. JUN 30 1954	REGISTRAR'S SIGNATURE Earl Belle Smith	25. FUNERAL DIRECTOR'S SIGNATURE Walter Lindt	ADDRESS 2707
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed... *Lepton Swan*

Licensed Embalmer No. *456*

P. O. Address *1221st St*

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.