

No. 300
30.48

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27683
Registrar's No. 7355

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 (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital
e. STREET ADDRESS (If rural, give location) 213 Bowen Street
20190

3. NAME OF DECEASED (Type or Print) a. (First) Milton b. (Middle) Frazier c. (Last) Frazier
4. DATE OF DEATH (Month) (Day) (Year) 8 20 55

5. SEX Male 2
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1-5-1923
9. AGE (In years last birthday) 32 IF UNDER 1 YEAR Months 7 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Steve Frazier
13b. MOTHER'S MAIDEN NAME Sarah Parker
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. ?
17. INFORMANT'S SIGNATURE OR NAME ADDRESS William E. Frazier 6139 Colorado

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound Shotgun Wound of Brain; suffered when shot with shot gun in hands of one Homer Dawson, in home at 120 E. Haven, about 2:00 am., Aug 20 1955.
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
2. 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 Homicide
20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug 20 55 2A
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? E981X

22. I hereby certify that I attended the deceased from _____ 19, to _____ 19, that I last saw the deceased alive on _____ 19, and that death occurred at 405A m., from the causes and on the date stated above.

23a. SIGNATURE James M Kelly (Deputy or Attor)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 8-23-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-25-55
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. AUG 23 1955
REGISTRAR'S SIGNATURE J. Carl Smith
FUNERAL DIRECTOR'S SIGNATURE ADDRESS McEllis Funeral Home, Inc. 2820 Stoddard St.

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.....
Fulton E Culke

Licensed Embalmer No. *419*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.