

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007115

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar No. **1149**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, Mo</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5875 1/2 Col. Bulliante</i>		d. STREET ADDRESS <i>5875 1/2 Col. Bulliante</i>	

3. NAME OF DECEASED (Type or print) First <i>Maggie</i> Middle Last <i>Frazier</i>			4. DATE OF DEATH Month <i>Jan</i> Day <i>29</i> Year <i>1959</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 12, 1886</i>		9. AGE (In years, if UNDER 1 YEAR, last birthday) Months Days Hours Mins. <i>72</i>

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mt</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Miss 1</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Lattimore</i>			13b. MOTHER'S MAIDEN NAME <i>Mary</i>			14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Earlene Frazier 5875 1/2 Col. Bulliante</i>		Address	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 min.</i>		
DUE TO (b) <i>Hypertensive Heart Disease</i>			<i>7 yrs</i>		
DUE TO (c) <i>Arteriosclerosis 44.3x</i>			<i>7 yrs</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Myocardial infarction & septus</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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20a. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
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21. I attended the deceased from <i>6-1-52</i> to <i>11-30-58</i> and last saw her/him alive on <i>11-30-58</i> Death occurred at <i>1-29-59 8:45 p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
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22a. SIGNATURE (Degree or title) <i>Oliver F. Bosman M.D.</i>			22b. ADDRESS <i>4242 Eastern Ave.</i>			22c. DATE SIGNED <i>1-31-59</i>		
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23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<i>Removal</i>		<i>Feb 3, 1959</i>		<i>Father Dishon</i>		<i>St. Louis County Mo</i>			

24. FUNERAL DIRECTOR <i>F.A. Green 4214 Delmar</i>			25. DATE RECD. BY LOCAL REG. FEB 2 '59			26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>		
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
8
2

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 *F. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.