Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007850
STATE FILE NUMBER

FEB 10 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 312

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) CLAYTON — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) COUNTY HOSPITAL — Length of stay in 1b 19 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY ST. LOUIS
c. CITY OR TOWN GARDENVILLE 4810 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8000 NONIE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ELMER Middle: Last: FRAZIER
4. DATE OF DEATH Month 1 Day 31 Year 59
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH DEC. 6, 1886
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months, Days — 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 UNK.
11. BIRTHPLACE (City and state or country) JEFFERSON CITY, MO.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME NOT KNOWN
13b. MOTHER'S MAIDEN NAME NOT KNOWN
14. NAME OF HUSBAND OR WIFE DECEASED
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNK.
17. INFORMANT ROY E. FRAIZER Address 2655a EADS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Peritonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Wound dehiscence
DUE TO (c) Sub total gastrectomy 5 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-12-59 to 1-31-59 and last saw ~~her~~ him alive on 1-31-59
Death occurred at 830 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Vincent L. Frederick MD (Degree or title)
22b. ADDRESS 601 S. BRENTWOOD BL.
22c. DATE SIGNED 1-31-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2/4/59
23c. NAME OF CEMETERY OR CREMATORY LAKEWOOD PARK CEM.
23d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO.

24. FUNERAL DIRECTOR J. L. ZEIGENHEIN & SONS ADDRESS 7027 GRAVOIS
25. DATE RECD. BY LOCAL REG. 2-2-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Donald E Binz

Licensed Embalmer No. 4863

P. O. Address 7057 Grav

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.