

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-016788

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4523**

FILED MAY 10 1962

- VS 300 Rev. 4/59
- 1
- 2 *21/1*
- 3
- 4 *2*
- 5 *1*
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- 7 *1*
- 8 *1*
- 9
- 10
- 11
- 12 *92-3*
- 13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL-RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. HOMER G. PHILLIPS</b>		d. STREET ADDRESS (If outside, give location) <b>1122 N TAYLOR</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM FRAZIER</b>		4. DATE OF DEATH Month Day Year <b>4 23 1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-17-1916</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>HENDERSON, TENN.</b>
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>LIZZIE FRAZIER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>No</b>		17. INFORMANT <b>MRS. LOUISE MOSLEY 4955A ST. LOUIS</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>Massive Intra-thoracic hemorrhage; stab wound of back; suffered when stabbed with spring knife in altercation in home at 1122 N. Taylor about 12:45 P.M. Date 23, 1962</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <b>982X excusable homicide</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b>	
20c. TIME OF INJURY Hour: <b>12:45</b> a.m. p.m. Month, Day, Year <b>4-23-62</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis, MO</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>12:45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Joseph M. Zwart</i>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>5-3-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>5-5-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FATHER DICKSON</b>	23d. LOCATION (City, town, or county) (State) <b>Kirkwood MO</b>
24. FUNERAL DIRECTOR <b>LOVE UNDERTAKING Co. 3103 WASHINGTON</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 3 1962</b>	26. REGISTRAR'S SIGNATURE <i>Loard Smith M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

OFF. OF. Mr. Bell



**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 *Oswald A. Jamison*

Licensed Embalmer No. 5011

P. O. Address 5064 Ledalls St. Louis MO.

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.