No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6372 1935

FILED MAR 11 1948

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town St. Louis County
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 3 Baden Station
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Laura B. Fry

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Simon Fry

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 24 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
90	3	1	hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business none

FATHER
12. Name John Long
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Todd
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evelyn Runde
(b) Address 4028 W. Florissant

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb- 28-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director G. Krow L & U. Co.
(b) Address 2707 N. Grand Blv'd

19. (a) FEB 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1948 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Oct 28, 1947, to Feb 25, 1948, that I last saw him alive on Feb 24, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Empyema	2 days
Due to Postop Hepatic Abscess	Unc.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address 5201 W Broadway Date signed 2/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

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