

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 24 1949 STANDARD CERTIFICATE OF DEATH

State File No. **17268**
4335

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		d. STREET ADDRESS (If rural, give location) 4115 West Pine Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Louis c. (Last) Fry			4. DATE OF DEATH (Month) (Day) (Year) 5/13/49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 25, 1905	9. AGE (In years last birthday) 43	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Holland Furnace Co.--Cowden, Illinois		11. BIRTHPLACE (State or foreign country) Cowden, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Charles F. Fry		13b. MOTHER'S MAIDEN NAME Claudia Harwood		14. NAME OF HUSBAND OR WIFE Mildred	
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. 706-18-0427		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Fry--4115 West Pine Blvd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myelogenous Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Indefinite DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION 5/13/49		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2011		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from **April 24, 1949** to **May 13, 1949**, that I last saw the deceased alive on **May 12, 1949**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) S. J. M. [Signature]		23b. ADDRESS 3606 Gravois Ave		23c. DATE SIGNED 5-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/16/49		24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Helderb 3634 Gravois Ave.			
DATE REC'D BY LOCAL REG. MAY 16 1949		REGISTRAR'S SIGNATURE J. B. Pasater			

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

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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
Student Embalmer

Signed Melvin J. Kriskin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravois

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.