S. No. 300
v. 10-48

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42480

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11229

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

1. PLACE OF DEATH
a. COUNTY: ------
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wood River
d. STREET ADDRESS (If rural, give location): N. R. 216 Elble St.

3. NAME OF DECEASED (Type or Print)
a. (First): Marion
b. (Middle): Adolph
c. (Last): Fry

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 18, 1886
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 7, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator, Brass Mill
10b. KIND OF BUSINESS OR INDUSTRY: Cartridge Plant
11. BIRTHPLACE (State or foreign country): Bollinger Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John W. Fry
13b. MOTHER'S MAIDEN NAME: Ellen Carr
14. NAME OF HUSBAND OR WIFE: Effie Fry

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.: 344-05-2562
17. INFORMANT'S SIGNATURE OR NAME R.R. 1 **ADDRESS**: William Fry, East Alton Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of skull; Brain Injury; suffered when injured while working

ANTECEDENT CAUSES — DUE TO (b) at Brass Division of Western Cartridge Co East Alton Ill

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) about 800 am Dec 27 1949

II. OTHER SIGNIFICANT CONDITIONS — Cause and Manner of same could not be determined

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Open Verdict
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Open Verdict
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ASO 195
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E 9319

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 250 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Deputy Coroner VI
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 12/30/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 2, 1950
24c. NAME OF CEMETERY OR CREMATORY: Oakwood Cemetery
24d. LOCATION (City, town, or county) (State): Alton Illinois

DATE REC'D BY LOCAL REG.: DEC 30 1949
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Robert H. Sheeper
ADDRESS: Alton, Ill.

(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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed Robert H. Stieger

Signed .....
Student Embalmer

Licensed Embalmer No. 2474

P. O. Address Alton, Illinois.

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.