

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2939

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON BRKS, MO.</u>	c. LENGTH OF STAY (In this place) <u>68 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET ADM HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1616 MENARD ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>(NMI)</u> c. (Last) <u>FRY</u>	4. DATE OF DEATH (Month) <u>12</u> (Day) <u>3</u> (Year) <u>1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-22-22</u>
9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR: Months <u>5</u> Days <u>11</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMAN 2ND CLASS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (State or foreign country) <u>BARNHARDT, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HENRY FRY</u>	13b. MOTHER'S MAIDEN NAME <u>DELLA MAHN</u>	14. NAME OF HUSBAND OR WIFE <u>VIRGINIA FRY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-II</u>	16. SOCIAL SECURITY NO. <u>UNK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VIRGINIA FRY</u>	ADDRESS <u>1616 MENARD STREET</u>
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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) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Frontal Lobotomy</u>		

19a. DATE OF OPERATION <u>11-24-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27, 1950, to 12-3, 1950, and that death occurred at 7:45 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Stanley M. Nield M.D.</u>	23b. ADDRESS <u>VA HOSPITAL JEFFERSON BRKS, MO.</u>	23c. DATE SIGNED <u>12-3-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>	24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-5-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danks M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLAUGHLIN FUNERAL HOME, INC.</u>	ADDRESS <u>2301 Lafayette A</u>
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RWR (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 _____

working under my personal supervision.

Student Embalmer No.

Signed

H. G. Harris

Signed.....

Student Embalmer

Licensed Embalmer No. 3384

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.