No. 300
10-48

FILED DEC 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43584
4036 39 94

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8729 Argyle Ave,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Gravois) 4850
d. STREET ADDRESS (If rural, give location): 115 Aldridge Ave,

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): M.
c. (Last): Frye

4. DATE OF DEATH (Month) (Day) (Year): Dec, 11 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct, 9 1907
9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months 2 Days 2
IF UNDER 1 HR.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Const, Foreman
10b. KIND OF BUSINESS OR INDUSTRY: SW Bell Tel Co.
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: Shephler Frye
13b. MOTHER'S MAIDEN NAME: Minnie Hemmingway
14. NAME OF HUSBAND OR WIFE: Eva Frye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-07-6527
17. INFORMANT'S SIGNATURE OR NAME: Eva Frye
ADDRESS: 115 Aldridge Ave

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic adenocarcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 months

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. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

157X

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 October, 1951, *to* 11 December, 1951, *that I last saw the deceased alive on* 11 December, 1951, *and that death occurred at* 11:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph W Noack, M.D. (Degree or title)
23b. ADDRESS: 607 N. Grand St Louis 3 Mo
23c. DATE SIGNED: 13 Dec 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-14-51
24c. NAME OF CEMETERY OR CREMATORY: ~~Oakwood~~ Oakland Cemetery
24d. LOCATION (City, town, or county) (State): Macon Mo.

DATE REC'D BY LOCAL REG.: 12-13-51
REGISTRAR'S SIGNATURE: Hubert R. Dorsey M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Meyer-Pfitzinger Kirkwood 22 Mo.

(Licensed Embalmer) (See Statement on Reverse Side)

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

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 William H. Pitzinger

Licensed Embalmer No. 48/6

P. O. Address Kirkwood 22

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Louis } ss.

State File No. 113584
Local Registrar's No. 4036

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4 day of February, 1952, before me appears Eva Frye, who, upon her oath, states that the original record of ~~birth~~ death for John M. Frye ~~born~~ died Dec. 11, 1951, in the State of Missouri, and which was filed at St. Louis County, Mo Dec. 12 1952, should be corrected as follows:

Item No. 24 c should read Woodlawn Cemetery
Instead of Oakwood Cemetery

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Eva A. Frye Wife
Relationship.

8729 Argyle Overland 14, Mo
Present Address.

Subscribed and sworn to before me this 4 day of February, 1952

My Commission expires March 19, 1955 William H. Pilgrim Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X38667