

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6384

State File No. ....

FILED MAR 5 1952

BIRTH NO. 56199 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1402

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY |  |
| b. CITY OR TOWN <u>St. Louis</u>                               |  | c. CITY OR TOWN <u>St. Louis</u>   |  |
| c. LENGTH OF STAY (in this place) <u>3 months</u>              |  | d. STREET ADDRESS (If rural, give location) <u>4555 Athlone Ave.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u> |  |  |  |

|   |                               |  |  |   |  |  |  |                                 |
|---|-------------------------------|--|--|---|--|--|--|---------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Kerry</u>                              |                               | b. (Middle) <u>Wm.</u>   |  | c. (Last) <u>Frayne</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>February 12, 1952.</u> |  |                                 |
| 5. SEX <u>male</u>  | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> |  | 8. DATE OF BIRTH <u>August 14, 1951.</u>                              |  | 9. AGE (In years last birthday) <u>5</u>                           | 10. UNDER 1 YEAR <u>28</u> Days            | 11. UNDER 1 MTH. <u>0</u> Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                    |  | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u> |  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |                                 |

|   |  |   |  |  |  |  |                                  |  |
|---|--|---|--|--|--|--|----------------------------------|--|
| 13a. FATHER'S NAME <u>Charles L. Frayne Jr.</u>                   |  | 13b. MOTHER'S MAIDEN NAME <u>Bessie Schroeder</u> |  | 14. NAME OF HUSBAND OR WIFE  |  |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) |  | 16. SOCIAL SECURITY NO.                           |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Charles L. Frayne Jr.</u> |  |  | ADDRESS <u>4555 Athlone Ave.</u> |  |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation; Esophageal Anesthesia</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4:30 pm</u> |
|   | ANTECEDENT CAUSES<br><u>while undergoing a tracheotomy</u>  |  |  |
|   | MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.<br><u>at the Jewish Hosp. on Feb 12, 1952 at about</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  |   |  |  |

|  |  |   |  |
|--|--|---|--|
| 19a. DATE OF OPERATION                                 | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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) (Min.) | 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 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

|  |                           |  |  |   |  |
|--|---------------------------|--|--|---|--|
| 23a. SIGNATURE <u>Math Hermann</u> (Degree or title)   |                           | 23b. ADDRESS <u>1300 Clark</u>                                   |  | 23c. DATE SIGNED <u>2/14/52</u>   |  |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>2-15-52.</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u> |  |

|   |   |  |  |                                  |  |
|---|---|--|--|----------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>FEB 14 1952</u> | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann &amp; Son, Inc.</u> |  | ADDRESS <u>2161 E. Fair Ave.</u> |  |
|---|---|--|--|----------------------------------|--|

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.