

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

29450

State File No. _____
Registrar's No. **7368**

FILED AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Michigan b. COUNTY Wayne | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) 8210 Inkster | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 25444 Indianapolis Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | | |

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|---|-------------------------------|---|-----------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Velma b. (Middle) Frailey c. (Last) Frailey | | 4. DATE OF DEATH (Month) (Day) (Year) 7-30-1952 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 7-25-1919 |
| 9. AGE (In years last birthday) 33 | 10. MONTH 0 | 11. DAY 5 | 12. HOUR & MIN. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY OWN Home | |
| 11. BIRTHPLACE (State or foreign country) St. Louis Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Charles Abbott | | 13b. MOTHER'S MAIDEN NAME Mary Bolden | | 14. NAME OF HUSBAND OR WIFE Kenneth Frailey | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME Edward C. Abbott ADDRESS St. Louis Mo | |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure | | INTERVAL BETWEEN ONSET AND DEATH 7 yrs. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease | | |
| | DUE TO (c) _____ | | |
| 18. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 416X | |

22. I hereby certify that I attended the deceased from July 27, 1952, to July 30, 1952, that I last saw the deceased alive on July 30, 1952, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE Edmund G. Alderby M.D. (Degree or title) | | 23b. ADDRESS Jewish Hosp. St. Louis | | 23c. DATE SIGNED 7/31/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BUR. 271 | | 24b. DATE 8-2-52 | | 24c. NAME OF CEMETERY OR CREMATORY Masonic | |
| 24d. LOCATION (City, town, or county) (State) Care-in-Rock Ill. | | | | | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL BEG. AUG 1 1952 | | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Uziel Owen ADDRESS Care-in-Rock | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ILLINOIS

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.....

Adil Ovesi

Signed.....
Student Embalmer

Licensed Embalmer No..... *6212*

P. O. Address *Cave-in-Rock, Mo.*

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.