

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**26356**

State File No. ....

**FILED JUL 31 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6007**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>  c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3716 Taft, St. Louis, Mo</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY OR TOWN <b>St. Louis, Mo</b>  d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  e. STREET ADDRESS (If rural, give location) <b>15 3716 Taft</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Philippiane</b> b. (Middle) _____ c. (Last) <b>Fry</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 15, 1953</b>	
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>	
<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>		<b>8. DATE OF BIRTH</b> <b>Sept 3, 1872</b>	
<b>9. AGE</b> (In years last birthday) <b>80</b>		<b>10. IF UNDER 1 YEAR</b> Months _____ Days _____	
<b>11. IF UNDER 24 HRS.</b> Hours _____ Min. _____		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At Home</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>New York</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> _____		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no (unknown)) (If yes, give war or dates of service) <b>No</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>No</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>George Fry, 3716 Taft, St. Louis, Mo.</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Coronary Thrombosis</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>  DUE TO (c) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 Days</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>4201</b>		<b>22. I hereby certify that I attended the deceased from</b> <b>7/9</b> , 19 <b>53</b> , to <b>6/15</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>15 June, 1953</b> , and that death occurred at <b>9 9</b> m., from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> <b>W. Dennis M. D.</b> (Degree or title)		<b>23b. ADDRESS</b> <b>3830 Greenwood</b>	
<b>23c. DATE SIGNED</b> <b>6/15/53</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Cremation</b>	
<b>24b. DATE</b> <b>June 17, 1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Valhalla Crematory</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, County, Missouri</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>McLaughlin's, 2301 Lafayette, St. Louis, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 16 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

~~Name~~  
Du Embaler  
3450  
Lead air

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.....  
Signature of Student Embalmer

Signed *James R. Chapman*  
Licensed Embalmer No... *456*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.