

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29460

STATE FILE NUMBER

FILED AUG 26 1957

318

1003

7526

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.			Length of stay in 1b	d. STREET ADDRESS 1816 Alfred Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle H. Last Fry Sr.				4. DATE OF DEATH Aug. 10th 1957 Month Day Year			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sep. 28, 1888		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter-Curlee Clothing Co.			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Flora, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frank Francis Marion Fry				14. MOTHER'S MAIDEN NAME Carrie Campbell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 493-01-8775		17. INFORMANT Charles H. Fry Jr. Box 31-LaGrange, Mo. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 1 8 HR.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Arterio Sclerotic Heart Disease 45 yrs		DUE TO (c) 420.0		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2-4-49 to 8-10-57 and last saw her/him alive on 8-10-57 Death occurred at 9:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Dentist or title) William W. Carley M.D.				22b. ADDRESS 3108 S. Grand		22c. DATE SIGNED 8-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-13-57	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, Mo			
24. FUNERAL DIRECTOR Kriegshauser 4228 So Kingshighway			25. DATE RECD. BY LOCAL REG. AUG 12 57		26. REGISTRAR'S SIGNATURE Carl Smith M.D.		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Licensed Embalmer No. 30

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.