

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042509  
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3009

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|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Texas</b> b. COUNTY                                      |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Clayton</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Houston</b>                                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St Louis County Hosp. HRS.</b>   |                                  | Length of stay in lb  | d. STREET ADDRESS <b>4015 Portsmouth</b>                      |
| 3. NAME OF DECEASED (Type or print)<br>First <b>JOHN</b> Middle <b>HENRY</b> Last <b>FRY, Jr.</b>  |                                  | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>18</b> Year <b>1958</b>  |   |
| 5. SEX<br><b>male</b> <input type="checkbox"/>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 3, 1927</b>                       |
| 9. AGE (In years last birthday) <b>31</b>  |                                  | 10. UNDER 1 YEAR<br>Months Days   | 11. UNDER 24 HRS.<br>Hours Min.                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Employment Mgr. Tennessee Gas Transmission Co. Anson, Texas</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country) <b>USA</b>         |
| 12. CITIZEN OF WHAT COUNTRY?   |                                  | 13a. FATHER'S NAME<br><b>John Henry Fry, Sr.</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Ora Dean</b>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Marilee Winerich</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>unknown</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>465-28-4678</b>   | 17. INFORMANT Address<br><b>Marilee Fry - 4015 Portsmouth</b> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral concussion, severe</b><br>DUE TO (b) <b>Trauma</b><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Fractured pelvis, humerus</b> |                                  |   | 19. INTERVAL BETWEEN ONSET AND DEATH                          |
| 20a. ACCIDENT <input checked="" 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.)<br><b>Traffic acc. (Passenger)</b>                               |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br><b>5pm 11-17-58</b>  |                                  | 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.)<br><b>29mi W. Eureka - Hwy 66</b>   |                                  | 20f. CITY, TOWN, OR LOCATION <b>400</b> COUNTY <b>St. Louis</b> STATE <b>Mo.</b>  |   |
| 21. I attended the deceased from <b>Nov. 17, 1958</b> to <b>Nov. 18, 58</b> and last saw her alive on <b>Nov. 18, 1958</b><br>Death occurred at <b>1:10 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Vincent L. Friedrich M.D.</b>   |                                  | 22b. ADDRESS<br><b>601 S. Brentwood Clayton</b>   |   |
| 22c. DATE SIGNED<br><b>11-18-58</b>  |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   |   |
| 23b. DATE<br><b>11-19-58</b>   |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>local</b>  |   |
| 23d. LOCATION (City, town, or county) (State)<br><b>Anson, Texas</b>   |                                  | 24. FUNERAL DIRECTOR ADDRESS<br><b>C. R. Lupton &amp; Sons-7233 Delmar</b>  |   |
| 25. DATE RECD. BY LOCAL REG.<br><b>11-18-58</b>  |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Herbert G. Donke M.D.</b>   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

St. Louis 5, Mo. (Licensed Embalmer's Statement on Reverse Side)

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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 Arnold W. Schaefer

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.