

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 4 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

36845

1. PLACE OF DEATH  
 County Washington Registration District No. 404  
 Township Prospect Primary Registration District No. 5558  
 City St. Louis (No. 1905)  
 2. FULL NAME Theodore J. Frye  
 (a) Residence, No. 7976 Prospect St. Prospect Ward. 3  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 12  
 AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stured

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Louis Frye

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Kate Frye 7976 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 11/29/33

19. UNDERTAKER (ADDRESS) W. J. O'Donnell 2756 Broadway

20. FILED 11-27-33 19 33 Fred R. Sunday Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-2-33, 1933, to 11-26, 1933.  
 I last saw him alive on 11-25, 1933. Death is said to have occurred on the date stated above, at 7:15 am.  
 The principal cause of death and related causes of importance were as follows:  
Acute cardiac dilatation  
Chronic nephritis  
Arterio-sclerosis  
 Date of onset 131

Other contributory causes of importance: 131

(Name of operation) ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) Carl Jones ..... M. D.  
 (Address) 805 1/2 Passo.

