

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City SAINT LOUIS

FEB 8 1937 791
Registration District No. 1003
Primary Registration District No. 1003
(No. 1 St. Lukes Hospital)

File No. 4172
Registered No. 1003
St. Ward)

2. FULL NAME

FRANK RHODES FRY

(a) Residence, No. Coronado Hotel, Lindell st. Spring Ward. 19
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. 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 Edna Fry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>83</u>	<u>3</u>	<u>24</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 910
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) Ohio

13. NAME Benjamin Fry

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

15. MAIDEN NAME Eliza N. Baldwin

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

17. INFORMANT Mrs. E. McCollom
(ADDRESS) 4935 Buckingham Court.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown, Mo. DATE Jan. 28, 1937

19. UNDERTAKER Craig Undertaking Co.,
(ADDRESS) 4468 Washington Blvd.

20. FILED JAN 27 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932 19... to Jan. 25, 1937 19...
I last saw him alive on Jan. 25 1937. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Embolism Date of onset Jan. 25, 1937

Other contributory causes of importance: General Arteriosclerosis many years

Name of operation 0 Date of.....
What test confirmed diagnosis? EKG Was there an autopsy? No

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? No
If so, specify.....
(Signed) Hiram L. Leggett M. D.
(Address) 3720 Washington Blvd.

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.

