

JAN 12 1940

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

10960

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_ 2  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3623 A Shennandoah Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Edward Frye 6.603. (b) If veteran,  
name war \_\_\_\_\_ no8. (c) Social Security  
No. 70X-05-01044. Sex Male5. Color or  
race White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife  
Tillie Frye6. (c) Age of husband or wife if  
alive 51 years7. Birth date of deceased April 21, 1887  
(Month) (Day) (Year)

## 8. AGE:

Years  
52Months  
8Days  
0If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace St. Louis  
(City, town, or county)Missouri  
(State or foreign country)10. Usual occupation R.R. Clerk

## 11. Industry or business \_\_\_\_\_

12. Name John Frye13. Birthplace St. Louis, Mo.  
(City, town, or county)Missouri  
(State or foreign country)14. Maiden name Tillie Fuller15. Birthplace St. Louis, Mo.  
(City, town, or county)Missouri  
(State or foreign country)16. (a) Informant's own signature Mrs. Tillie Frye(b) Address 3623 A. Shenandoah Ave.17. (a) Burial (b) Date thereof Dec 26, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park(a) Signature of funeral director Weick Bros Und. Co.  
(b) Address 2201 S. Grand Bl.19. (a) DEC 23 1939 (b) \_\_\_\_\_  
(Date certified local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_ 1  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3623 A Shennandoah Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21  
year 1939 hour 11:30 minute P. M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carbolic Acid Duration \_\_\_\_\_  
Poisoning; self administered at his  
home 3623a Shenandoah Ave., on Dec.  
Due to 21st, 1939 at about 11:15 P.M.  
while suffering from mental aberration.

Other conditions \_\_\_\_\_  
(Include pregnancy within 6 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence December 21st, 1939  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

In Home  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury 4

23. Signature Alfred Cherry (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 12.23.39

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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.....

.....; Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Henry A. Stewart* .....

Licensed Embalmer No..... 3722 .....

P. O. Address..... 412, Duchouquette S. .....

**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 this body is not embalmed, above space should be left blank.**