

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7570**

LED WAR 4 1943
Registration District No. **200**

Primary Registration District No. **200**

Registrar's No. **329**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Robertson**
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
Summitt Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community **20 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Robertson**
(If outside city or town limits, write "RURAL")

(d) Street No. **Summitt Avenue**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John D. Fry**

3. (b) If veteran, name war **World War #1**

3. (c) Social Security No. _____

4. Sex **M**

5. Color or Race **W**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Christine**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Oct. 2 1887**
(Month) (Day) (Year)

8. AGE: Years **55** Months **3** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Un-employed**

11. Industry or business _____

MOTHER FATHER

12. Name **John Fry**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Wolff**

15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Christine Fry**

(b) Address **Robertson, Mo. Gen. Del.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-10-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Baumann Bros. Inc.**

(b) Address **2504-Woodson Rd-Overland, Mo.**

19. (a) **FEB 12 1943** (b) **H. Mc Larson**
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7th** day **Feb.**
year **1943** hour **11** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **February 1st 1941** to **February 7th 1943**; that I last saw him alive on **February 6th 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Valvular Disease of Heart 2 yrs.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **gvd**

Of autopsy _____

Duration _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **H. T. Coleman M.D.** (M.D. or other)

Address **Pattonville Mo.** Date signed **Feb. 8. 43**

MAR 4 1943

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 W. G. Peterson
Licensed Embalmer No. 3767
P. O. Address Overland 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 this body is not embalmed, fact should be so stated above.