

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3063**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days)
 In this community 40 years

3. (a) PRINT FULL NAME Margie Kelby
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FE 5. Color or race 3 Col. 6. (a) Single, widowed, married 2 divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 3 (Month) 1 (Day) 1925 (Year)
 8. AGE: Years 68 Months 0 Days 25
If less than one day hr. min.

9. Birthplace Shelbyville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home

12. Name Unknown Fryson

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Fryson

15. Birthplace Quadian Fryson Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address 4572 Cottage Ave

17. (a) Burial (b) Date thereof 4-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Bradeck
 (b) Address 1100 1/2 N. Harrison
 19. (a) MAR 31 1943 (b) J. F. Bradeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4572 Cottage
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 26,
 year 1943 hour 12 minute 09 P. M.
 21. I hereby certify that I attended the deceased from March
9, 1943 to March 26, 1943
 that I last saw her alive on March 26, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension; Senility Unknown
2nd degree burns rt. hip 2 weeks

Due to accident was
only slight
 Due to not contribute
to cause of death

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 102
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence Mar 12 1943
 (c) Where did injury occur? In Homer Phillips
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)
 While at work? No (2) Means of injury fell against
 23. Signature J. F. Bradeck (M. D. or other)
 Address 2601 Whittier Date signed 3/30/43

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

MOTHER FATHER

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 *Clark Young*
Licensed Embalmer No. *3370*
P. O. Address. *St. Louis*

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.