

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5117

FILED MAR 13 1944

Registration District No. 318 Primary Registration District No. 1006 Registrar's No. 2092

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 23 days
 In this community 5 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4155a Laclade
 (If rural, give location)
 (e) Citizen of foreign country? ----- (Yes or No)
 If yes, name country -----

3. (a) PRINT FULL NAME Thomas Fry
 (b) If veteran, name war ----- (c) Social Security No. 491-03-4180

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 29th
 year 1944 hour 11:50 minute A. M.
 21. I hereby certify that I attended the deceased from Feb. 3rd
1944, to Feb. 29th 19 44
 that I last saw him alive on Feb. 29th 19 44
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Alice Russell
 (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased Sept 10, 1879
 (Month) (Day) (Year)

Immediate cause of death
Carcinoma of tongue with metastases to Right and left neck
 Duration 2 yr
 Due to _____
 Due to _____

8. AGE: Years Months Days 19
64 5 22
 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
 Major findings: none
 Of operations _____
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Lawrence, Kansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Live stock dealer
 11. Industry or business Memphis Horse & Mule Co.
 12. Name Frank Fry
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Snip
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant: Alice Fry
 (b) Address 4155a Laclade
 17. (a) Burial (b) Date thereof Mar. 3, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. John Cemetery
 18. (a) Signature of funeral director Fendler Und. Co.
 (b) Address 7420 Michigan Avenue
 19. (a) MAR 2 1944 (b) J. F. Bredech
 (Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
 23. Signature D. J. Verda (M. D. or other)
 Address 1515 Lafayette 3/29/44

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 *Oliver E. Hendrix*

Licensed Embalmer No. *4148*

P. O. Address *Lemay 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.