

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

FILED SEP 4 1947 310

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8075

1. PLACE OF DEATH:

(a) County St. Louis Missouri

(b) City or town _____

(c) Name of hospital or institution:
(Shed) 4113 Olive Street 3

(d) Length of stay: In hospital or institution _____

In this community _____

3. (a) PRINT FULL NAME George H. Frye

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-12-0363

4. Sex Male 5. Color or race White

6. (a) Single, Married, widowed, divorced divorced

6. (b) Name of husband or wife Margaret Ann Brofey Frye

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 1, 1879

8. AGE: Years 67 Months 8 Days 23

If less than one day _____ hr. _____ min.

Birthplace Germany (City, town, or county) (State or foreign country)

Usual occupation Jobber

Industry or business _____

12. Name Henry G. Frye

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

14. Maiden name Marie Ossing

15. Birthplace Germany (City, town, or county) (State or foreign country)

(a) Informant Margaret Bence

(b) Address 5026a St. Louis Ave.,

17. (a) Burial (b) Date thereof 8-26-47

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) AUG 25 1947 (b) J. A. Bundeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Glenco

(d) Street No. WR (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24

year 1947 hour _____ minute _____ 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 _____

Due to Heart Embolism

Due to _____

Other conditions _____

Major findings: 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 _____

(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? _____

23. Signature Arthur E. Saylor (M. D. or other) _____

Address _____ Date signed 8/25/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

ml

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Missouri

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Missouri
City of St. Louis } ss.
County of St. Louis

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 8075

On this 5th day of September, 1947, before me appears.....

Mrs. Margaret Bence, who, upon her oath, states that the original record of ^{birth} death

for George H. Frye, ^{died} Aug. 24, 1947, 19....., in the State of ^{born} Missouri, and which was filed at St. Louis, Mo. on 25 Aug., 1947, should be corrected as follows:

Item No. 6 a should read Married

Instead of Divorced

Item No. 6 b should read Margaret Ann Brofey Frye

Instead of

Item No. 6 c should read 65 years

Instead of

Item No. 3 c should read 492-12-0363

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Margaret J. Bence Daughter
Margaret Bence Relationship.
5026 St. Louis Ave.,
St. Louis, Mo. Present Address.

Subscribed and sworn to before me this 8th day of September, 1947

My Commission expires 1/15/49 Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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