

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 305 Lucas Av. 1		d. STREET ADDRESS (If rural, give location) 305 Lucas Av.		9	

3. NAME OF DECEASED (Type or Print) a. (First) Chatli's DeLong Frier b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan 21 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH May 29 1885		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Louisiana Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Frier		13b. MOTHER'S MAIDEN NAME Anna Hicks	

14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War #1		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Susie M. Grate		ADDRESS 5419 S. B'way			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Adhesive Pericarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 90 Jul 0	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Juanita (Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/22/49	
24a. BURIAL CREMATION/REMOVAL (Specify) Burial		24b. DATE 1-24-49		24c. NAME OF CEMETERY OR CREMATORY National Cem	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE JAN 22 1949 J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE WITH Bros. L & H. Co. 2924 S. Jefferson		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

225

FEB 14 19

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed J. M. Davis

Signed _____
Student Embalmer

Licensed Embalmer No. 324

P. O. Address 2929 Superior

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.