

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14078

State File No. \_\_\_\_\_  
Registrar's No. 3667

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		REGISTRAR'S NO. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>27 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2189			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer Phillips Hospital</u>				10. STREET ADDRESS (If rural, give location) <u>4154 papin</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) _____ c. (Last) <u>Frierson</u>			4. DATE OF DEATH (Month) <u>April</u> (Day) <u>17</u> (Year) <u>51</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 1-1897</u>			
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR <u>7</u> Months		IF UNDER 12 HRS. <u>16</u> Hours					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter Work</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Nashville Tenn</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		
13a. FATHER'S NAME <u>Jage Frierson</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Louisa Frierson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-09-0767</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louisa Frierson</u>				ADDRESS <u>4154 Papin</u>	
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) <u>General Peritonitis</u> ANTECEDENT CAUSES <u>Ruptured Peptic Ulcer</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5400</u>					
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 <u>2:15 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>James E. Taylor</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4.19.51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April, 24</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>			
DATE REC'D BY LOCAL REG. <u>APR 18 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros</u>		ADDRESS <u>3706, Finney ave</u>			

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Edward G. Flynn*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4444*

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.