

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29970
State File No. 6319

FILED AUG 20 1953

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

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital			e. STREET ADDRESS (If rural, give location) 1309 So. Broadway		
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) G.	c. (Last) Frye	4. DATE OF DEATH (Month) (Day) (Year) June 15, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 20, 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sign Painter	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) San Francisco, Cal. /		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Charles Frye		13b. MOTHER'S MAIDEN NAME Mildred McGillicuddy		14. NAME OF HUSBAND OR WIFE Alta M. Frye	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 364-18-4596	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alta Frye, 204 E. Lefever St.		
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.		18. MEDICAL CERTIFICATION BOX 613, Ossian, Ind. INTERVAL BETWEEN ONSET AND DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of skull, Brain Injury suffered when struck by automobile driven by one John Schmalz about 20 yd east of the intersection of Broadway and Salina about 7:15 a.m. June 8, 1953. Accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUPLICATE			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION June 8, 1953. Accident			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 00			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 8 53 7:15 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E8124			
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 6:55 A.M., from the causes and on the date stated above. 25					
23a. SIGNATURE Patrick E. Taylor, Curser			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6.23.53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-24-53	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUN 24 1953	REGISTRAR'S SIGNATURE J. C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		

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..

Student.....
Signature of Student Embalmer

Signed.....
Albert G. Kapp

Licensed Embalmer No. 2971

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.