

FILED NOV 22 1954

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39439
Registrar's No. 2436

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY OR TOWN Clayton	
c. LENGTH OF STAY (in this place) 72 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6420 Cecil Ave.		e. STREET ADDRESS (If rural, give location) 6420 Cecil Ave.	

3. NAME OF DECEASED (Type or Print) Thomas Walker Fry			4. DATE OF DEATH Oct. 18, 1954		
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M.	
8. DATE OF BIRTH July 29, 1868		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR: Months 2, Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. - Fry-Fulton Lumber Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Anthony's Falls, Minn.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Major Thomas Walker Fry		13b. MOTHER'S MAIDEN NAME Jesse Snyder Comyges		14. NAME OF HUSBAND OR WIFE Mrs. Margaret Breen Fry	
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. 491-14-4231		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Breen Fry, 6420 Cecil Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus pneumonia		ANTECEDENT CAUSES			3 days.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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		Generalized arteriosclerosis			6 years
Conditions contributing to the death but not related to the disease or condition causing death.		Hepatic insufficiency			3 years.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	

22. I hereby certify that I attended the deceased from Oct. 1, 1951, to Oct. 18, 1954, that I last saw the deceased alive on Oct. 18, 1954, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Augustus Jones, M.D.		23b. ADDRESS 634 N. Grand, St. Louis		23c. DATE SIGNED 10-18-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 20, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. 10/19/54		REGISTRAR'S SIGNATURE Herbert R. Romberg		25. FUNERAL DIRECTOR'S SIGNATURE J. Donnelly		ADDRESS 3840 Lindell Blvd.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Certificate

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 *Francis Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Lind*.....

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.