

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24731

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1476

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Kirkwood</b>	c. LENGTH OF STAY (in this place) <b>4 Days</b>	c. CITY OR TOWN <b>Webster Groves</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>		STREET ADDRESS (If rural, give location) <b>716 Atlanta Ave.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>FREDERICK</b>	b. (Middle) <b>R</b>	c. (Last) <b>COURTRIGHT</b>	Date: <b>6-28-1955</b>	Month: <b>6</b>	Year: <b>1955</b>

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-2-1884</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
-----------------	---------------------------	---	----------------------------------	---	------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>A.B. Dick Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sidney Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	---

13a. FATHER'S NAME <b>Charles C Courtright</b>	13b. MOTHER'S MAIDEN NAME <b>Isabelle Pepper</b>	14. NAME OF HUSBAND OR WIFE <b>Amanda Courtright</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-09-1984</b>	17. INFORMANT'S SIGNATURE OR NAME <b>G.G. Campbell</b> ADDRESS <b>685 Chelsea Kirkwood</b>
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma right Lung.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 mo.</b>
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b)		
	DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		

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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from Jan 15, 1955, to June 28, 1955, that I last saw the deceased alive on June 28, 1955, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. Deabaugh M.D.</b>	23b. ADDRESS <b>Webster Groves Mo.</b>	23c. DATE SIGNED <b>6/29/55</b>
24a. BURIAL: CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-1-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>

DATE REC'D BY LOCAL REG. <b>6-29-55</b>	REGISTRAR'S SIGNATURE <b>Hebert S. ...</b>	FEDERAL DIRECTOR'S SIGNATURE <b>Walter F. Home</b> ADDRESS <b>Webster Groves Mo.</b>
---	--	--

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

(Licensed Under Missouri Statement on Reverse Side)

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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *15 W. Lock*

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.