

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY	
Length of stay in 1b <b>81 Yrs.</b>		c. CITY OR TOWN <b>St. Louis 12,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St., Luke's Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>5941 Waterman Ave.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>MR. BENJAMIN LOUIS FRY</b>			4. DATE OF DEATH Month Day Year <b>August 14, 1960</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/14/1878</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Prest and Owner (ret)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Superlight Co. Inc.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>					

13a. FATHER'S NAME <b>John Fry</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Wolf</b>	14. NAME OF HUSBAND OR WIFE <b>Anna W. Fry</b>
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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>495-16-9321</b>	17. INFORMANT <b>Anna W. Fry</b>	Address <b>5941 Waterman Ave. (12)</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ventricular Fibrillation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 minutes</b>
DUE TO (b) <b>Myocardial infarctions (multiple)</b>		<b>August '60</b>
DUE TO (c) <b>4201</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cholecystitis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>Aug 29 '60</b> to <b>Aug. 14, '60</b> and last saw him <sup>For</sup> alive on <b>Aug 13 1960</b> Death occurred at <b>9:10</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>Ray D. Williams M.D.</b>	22b. ADDRESS <b>114 N. Taylor Ave.</b>	22c. DATE SIGNED <b>8/15/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8/16/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Alexander &amp; Sons</b>	ADDRESS <b>6175 Delmar Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>AUG 15 1960</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith M.D.</b>
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DOCUMENT  
  
 MEDICAL CERTIFICATION  
  
 BY AFFIDAVIT OF

Dr. Ray D. Williams  
114 N. Taylor Ave.  
JE. 3 8600

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Herbert J. San Jr.*

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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.