MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20672

File No.

Registered No. 34

1. PLACE OF DEATH

96 County St. Louis Mo. Registration District No. 786

6 Township Central Primary Registration District No. 4469

8 City Maplewood (No. 7513 Rannells Ave. St. Ward)

2. FULL NAME Frank F. Fries.

(a) Residence, No. 7513 Rannells Av. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Margaret Huber.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6 - 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
83	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

FATHER

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

17. INFORMANT (ADDRESS) Mrs. Emma Geisler. Maplewood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter + Paul. DATE June 14 1932

19. UNDERTAKER (ADDRESS) Croghan Und. Co. Inc. 7146 Manchester Ave.

20. FILED June 13 1932 Mercedes Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 12, 1932, I last saw him alive on June 12, 1932 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset June 6, 1932

87 B

97

Other contributory causes of importance:

Arteriosclerosis (1)

Name of operation — Date of —

What test confirmed diagnosis? Physical Findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vincent Hammond, M. D.

(Address) 3101 Sutton Ave Maplewood Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 27 1932