WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

SEP 25 1937

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

Do not use this space.

31769

1. PLACE OF DEATH
County St Louis. Registration District No. 789 File No.
Township Central Primary Registration District No. 6033B Registered No. 241
City (No. 2352 Wallis St. Ward)

2. FULL NAME Mrs. Lizzie Fries
(a) Residence, No. 2352 Wallis St., Ward. New Memphis Ill.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Fries.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1854
7. AGE YEARS 82 MONTHS 8 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own.
10. Date deceased last worked at this occupation (month and year) Aug 1935
11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Memphis. Illinois.

FATHER
13. NAME Fred Weaver.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Dorothy Neumann.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT H. J. Klohr
(ADDRESS) 2352 Wallis Overland Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Musiontah Ill DATE Aug 29 1937
19. UNDERTAKER E. G. L. Moll
(ADDRESS) Musiontah Ill.
20. FILED 8-26- 1937 A. A. Baehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1937, to Aug 26th, 1937
I last saw her alive on Aug 25th, 1937. 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:

	Date of onset
Valvular Disease of Heart.	8-1-36
Other contributory causes of importance: Arterio-Sclerosis	8.1.36

92a

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) H. T. Coleman, M. D.
(Address) Pattonville, Mo.