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

791
1003

16522
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 4056
(c) or City St.Louis (d) Street No. St.Anthony's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 621 Oscar R.Fries
(a) Residence, No. 3723 Connecticut St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State):

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Fries
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 13 1856
7. AGE: 82 YEARS, MONTHS: 10, DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Dry goods
9. Industry or business in which work was done, as saw mill, bank, etc.: merchant retired
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St.Louis Mo.

FATHER
13. NAME: Joseph Fries
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Elizabeth Fries 3723 Connecticut
18. BURIAL, CREMATION, OR REMOVAL PLACE: S.S.Peter-Paul DATE: May 3, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Schumacher Und.Co. 3013 Meramec
20. FILED: MAY 2 1939 J.B. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 28, 1939, to April 30, 1939
I last saw him alive on April 30, 1939. Death is said to have occurred on the date stated above, at 5.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary anemia	4-28-39
gastric ulcer with	unknown
hemorrhage	

Other contributory causes of importance:

Chronic myocarditis	unknown
arterio-sclerosis.	unknown

Name of operation: none Date of .....
What test confirmed diagnosis? Course 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) W.A. Schneider, M. D.
(Address) 3318 S Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-1938 I X16605

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 George N. Archambault, Registered Apprentice No. ....., working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3023 Miramar

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 this body is not embalmed, above space should be left blank.