

STANDARD CERTIFICATE OF DEATH

State File No. **4975**
1223

ruled MAR 25 1941
791

Registration District No. _____ Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks,
In this community 40 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5247 Waterman Ave. 12
(If rural, give location)
(e) Dr. Attending Physician years.

8. (a) PRINT FULL NAME Emma Friess,

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Otto Friess, 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased June 30, 1863,
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 16 hr. min.

9. Birthplace Mascoutah, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name William Mauss,
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Koelch,
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Friess
(b) Address 321 Belt Ave.

17. (a) Removal (b) Date thereof 2/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Hill, Belleville

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.

19. (a) FEB 6 1941 (b) J. W. Bredbeck
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MOTHER FATHER

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

20
17
9

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 2 day 6
year 1941 hour 6:30 minute a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of left femur
Arteriosclerosis; suffered when
Due to the fall to floor at
5247 Waterman ave Jan 2 - 1941
Due to about 9:30 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 186a
Of operations 18
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Jan 2, 1941
(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Chapman Hotel 5247 Waterman

While at work? _____ (Specify type of place)
(e) Means of injury 5

23. Signature James J. ... (M.D. or other)
Address _____ Date signed _____

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Neville R. Prohwitter

Licensed Embalmer No. *3626*

P. O. Address *362 Olive St*

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.