

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12666
Registrar's No. 3096

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
(Specify whether _____)
In this community Not known
years, months or days

3. (a) PRINT FULL NAME Christian J. Fries
3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna L. Fries nee Wolthaus
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased August 29, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 9 hr. min.

9. Birthplace St. Johns Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Millwright

11. Industry or business _____

MOTHER FATHER { 12. Name Christian J. Fries
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christina Ludwig
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna L. Fries
(b) Address 1443 Obear Ave

17. (a) Burial (b) Date thereof April 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery St. Charles, Mo.

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR - 9 1941 (b) J. J. Bredek
(Date local health officer signed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1443 Obear Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Not known years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7, 1941
year _____ hour 5:45 AM minute _____ 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 Septicemia following compound fracture of the right leg; when he walked into the left front bumper of a automobile driven by one, Jasper Grace, Col., at Grand & Easton Avenue, March 7, 1941, about 9:45 P.M.

(Other conditions (Include pregnancy within 3 months of death) _____)

Major findings: _____
Of operations _____
Of autopsy _____

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 March 7, 1941
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place

23. Signature Alfred J. Perry (M. D. or other) _____
Address St. Louis, Mo. Date signed 7/19/41

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

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

William G. Buchholz

Licensed Embalmer No.

2160 S

P. O. Address

St. Louis, Mo

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, fact should be so stated above.