

FILED NOV 6 1942  
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State File No. \_\_\_\_\_  
Registrar's No. 8863

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
St. Anthony's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3856 Utah  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Virginia Lee Fries  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 24  
year 1942 hour 9 minute 00 P.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Joseph  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Feb. 4 1884  
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day  
58 8 20 hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of  
Colon, with metastasis  
to liver - surgical shock  
while undergoing operation  
for carcinoma at St.  
Joseph's Hospital  
27-1942  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace New Bloomfield Mo. 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation House Wife

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Lawrence R. Jordan  
13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Bull  
15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Fries  
(b) Address 3856 Utah St.  
17. (a) Burial (b) Date thereof 10-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old SS Peter & Paul  
#2 Schumann  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 3013 Meramec St.  
19. (a) OCT 26 1942 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence Oct 24 1942  
(c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
John Ryan  
(Specify type of place)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? no (e) Means of injury Operation  
23. Signature Alfred G. Fries (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 10/24/42

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.....

*Clarence Kachow*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Clarence Kachow*

Licensed Embalmer No.....

*3093*

P.O. Address.....

*3013 Meramec*

**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.**