S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10179

State File No. 2717

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. .....

1. PLACE OF DEATH: 318
(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: Mo. Pac. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 895
(a) State Missouri (b) County .....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3694a Montana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Anna Marie Fries
3. (b) If veteran, name war None
3. (c) Social Security No. .....

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur
6. (c) Age of husband or wife if alive ..... years
~~[illegible]~~ Arthur C.
7. Birth date of deceased July 26, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	7	22	..... hr. ..... min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business .....
FATHER
12. Name Charles Reitz
13. Birthplace Belleville Ill.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mollie Baile
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Arthur Fries
(b) Address 3694 Montana Ave.
17. (a) Burial (b) Date thereof 3-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter&Paul Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAR 18 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1948 hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased from February 19, 1948 to March 18, 1948
that I last saw her alive on March 18, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, bilateral	19 das.
Due to Virus type	
Due to	
Other conditions Hydrohemothorax. (Include pregnancy within 3 months of death)	16 das.

Major findings:
Of operations None
Of autopsy .....

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Elmer L. Grant (M. D. or other) M.D.
Address 2838 So Grand Date signed 3/18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

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.