APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11886

Registration District No. 775 Primary Registration District No. 6020-a Registrar's No. 23

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4737 Allemania
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME JOSEPH BERNARD FRIE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 7 (Day) 1913 (Year)

8. AGE: Years 27 Months 11 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Sole Sorter
11. Industry or business Shoe Factory
FATHER
12. Name Eugene Frie
13. Birthplace New Albany (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Jennie Koch
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature Jennie Frie
(b) Address 4737 Allemania St Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Burial Park St Louis Mo
18. (a) Signature of funeral director Benham Und Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) March 24 1941 (Date received local registrar) (b) H. W. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1941 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from By Inquest, 19__ to March 23, 1941; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Jury Verdict: We the jury find the deceased Joseph Bernard Frie came to his	
Due to death by injuries sustained in collision with automobile	
Due to driven by Max Bennett	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	PHYSICIAN
Of autopsy —	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) Automobile Accident
(b) Date of occurrence March 22. 1941 1941
(c) Where did injury occur? Bonne Terre (City or town) St Francois (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Highway 61 - 1 mile North of Bonne Terre (Specify type of place)
While at work? No (e) Means of injury Internal Injury

23. Signature Clarence Claywell (M. D. or other) 3/23/41
Address Bonne Terre Mo Date signed

(License Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im

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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.....C. J. Claywell

Licensed Embalmer No.....3706

P. O. Address.....Bancroft Iowa

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.

S. No. 2B
0—4-25-41
I X27852

ROWENA MOORE

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

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State File No. 11886

Registration District No. 775 Primary Registration District No. 6020 a Registrar's No. 23

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

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

3. (a) PRINT FULL NAME Joseph Bernard Frie
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 27 Months 11 Days 15 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22 year 1941 hour 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 Jury Verdict. The jury found the deceased Joseph Bernard Frie came to his death by injuries sustained in collision with automobile driven by Max Bennett. Two cars involved in accident one driven by Mr Frie and the other driven by Mr Bennett
Duration
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) auto acc
(b) Date of occurrence Mar 22 1941
(c) Where did injury occur? Bonne Terre Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Hgw 67 (Specify type of place)
While at work (e) Means of injury
23. Signature Clarence Maxwell Coroner (M. D. or other)
Address Bonne Terre Mo Date signed 4/8/41

SUPPLEMENTARY

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