

FILED NOV 16 1942 318
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
3825-A Ohio Ave.
(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

3. (a) PRINT FULL NAME Selma Fries,

3. (b) If veteran, name war _____ 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Jacob Fries 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. December 28th, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife.

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Lewis
(b) Address 3825-A Ohio Ave.

17. (a) Cremation (b) Date thereof Nov. 7th, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Ziegenfuss Bros.

(b) Address 6409 Gravois Ave.

19. (a) NOV 6 1942 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3825-A Ohio Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th,
year 1942. hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from Oct 20
1942 to Nov 4, 1942
that I last saw her alive on Nov 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
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) _____
(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 Chas. J. [Signature] (M. D. or other) _____
Address 3805 [Signature] Date signed 11/5/42

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.....

V E Morris

Licensed Embalmer No. *3360*

P. O. Address *6409 Gravois*

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.