

FILED JAN - 5 1943 318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 10731

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:  
3321 California  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... life  
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State..... Missouri (b) County.....  
 (c) City or town..... St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3321 California  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Alfred A. Fries  
 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 married  
 6. (b) Name of husband or wife. Mary Fries 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased. Nov. 26 1863  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 0 25 hr. min.

9. Birthplace. St. Louis Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation. Retired

11. Industry or business.....

12. Name Joseph Fries

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

14. Maiden name. not known

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

16. (a) Informant. Mary Fries

(b) Address. 3321 California

17. (a) Burial (b) Date thereof. 12-24-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. S. S. Peter & Paul

18. (a) Signature of funeral director. John L. Ziegenhens

(b) Address. 7027 Gravois Ave

19. (a) DEC 27 1942 (b) J. F. Prossack  
 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21  
 year 1942 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec-17  
 1942 to Dec-21, 1942  
 that I last saw him alive on Dec-17, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Carcinoma of Larynx  
Laryngeal Carcinoma  
 Due to.....  
 Due to.....

Duration

Other conditions.....  
 (Include pregnancy within 3 months of death) H7

Major findings:  
 Of operations.....  
 Of autopsy none

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?..... Means of injury.....

23. Signature J. F. Prossack (M. D. or other)  
 Address 2402 S. Grand Blvd Date signed.....

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

MOTHER FATHER

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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..... *B. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address. *7027 Graves* .....

**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.**