

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19229

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **5658**

City **St. Louis Mo** (No. **Clinton St. City Hosp #1**)

Ward)

2. FULL NAME

(a) Residence. No. **1906 Arsenal** St., **24** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 15th 1896**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	32	2	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Bar tender 1946**
(b) General nature of industry, business, or establishment in which employed (or employer) **920**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo**
(STATE OR COUNTRY)

10. NAME OF FATHER **Frank Frericks**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis Mo**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Theresa Dr. Kopp**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Mo.**
(STATE OR COUNTRY)

14. INFORMANT **Bunny Frericks**
(Address) **1908 Arsenal St**

15. FILED **MAY 25 1925** **May C. Stankoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 23 19 25**

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at **7:45 P.M.**

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis
Cirrhosis of Liver

CONTRIBUTORY (SECONDARY) **Nonalcoholic**
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **12281**
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
8 WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) **J. W. Kerner M.D.**
5/24/25 (Address) **Dep. Coroner**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cemetery** DATE OF BURIAL **5-26-1925**

20. UNDERTAKER **J. A. Gelman 2628 Gravois** ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

