

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

Do not use this space.

32203

1. PLACE OF DEATH

County.....

Registration District No.....

701.
1003

Township.....

Primary Registration District No.....

City.....

File No.....

Registered No.....

9505

St.....

Ward.....

2. FULL NAME

Frank J. Fricke

(a) Residence. No. 2516 Benton St. 20 Ward.

(Usual place of abode)

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Married

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

John E. Fricke

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sep 16 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

77 - 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired - Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Frederick Frick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Bartman

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

Germany

14. INFORMANT (Address)

Frank J. Fricke 2516 Benton St.

15. FILED 25 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/24 1928

17. I CERTIFY That I attended deceased from 7/16 1928 to 9/24 1928 that I last saw him alive on 9/24 1928, and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart

Chronic Myocarditis (duration) yrs. mos. da. 1

18. WHERE WAS DISEASE CONTRACTED (CITY OR PLACE OF DEATH)

Home

19. DID AN OPERATION PRECEDE DEATH? DATE OF... WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DISEASE? (Signed) Chas. P. Masterson, M.D. 9/25 1928 (Address) 3903 Lee Ave

*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 DATE OF BURIAL

Zion Cemetery Sep 27 1928

20. UNDERTAKER ADDRESS

Wm. J. Schumacher 1844 N. Jefferson

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.

WHILE FILLING IN, WITH OUTLOOKING INVESTING TO A FURTHERMENT THE...

