CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791 1003 File No. 24755

Township ..... Primary Registration District No. ..... Registered No. 6914

City St Louis (No. 4877 Penrose St. ..... Ward)

**2. FULL NAME** Henry A. Frick

(a) Residence. No. 4877 Penrose St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

**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 Lucy Trapler.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 - 1872

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 57 | 10 | 11 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer N. & L. Planing mill

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hu Bouse Co. Ind

PARENTS
10. NAME OF FATHER John Frick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind
12. MAIDEN NAME OF MOTHER Marg. Lump
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14. INFORMANT Lucy Frick
(Address) 4877 Penrose St.

15. FILED JUL 14 1930, 19 Max C. Forker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 - 11 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 23rd, 1930 to July 11, 1930 that I last saw him alive on July 11, 1930 and that death occurred, on the date stated above, at 7:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Aortic insufficiency
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Heat Prostration
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH No
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. H. Lindeman, M. D.
, 19 (Address) 4126 Shreve

*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 Calvary — DATE OF BURIAL July 15 1930

20. UNDERTAKER Bromschwig Und Co — ADDRESS 4740 Fl. Florissant