

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

Do not use this space.

18173

1. PLACE OF DEATH

County..... Registration District No. 708
Township..... Primary Registration District No. 177
City St. Louis Mo. (No. 2209, Warren St. Ward)

File No.....
Registered No. 5151
St. Ward)

2. FULL NAME

Wilhelmina Fricke
(a) Residence, No. 2209 Warren St., 20 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late William Fricke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 8, 1851
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 6 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

MOTHER FATHER
13. NAME August Georg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Charles W. Fricke
2209 Warren St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Frederick Cem. DATE May 28, 1932

19. UNDERTAKER (ADDRESS) W. Leidner
1917 N. Market St.

20. FILED MAY 28 1932 Max C. Traylor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1930, to May 25, 1932
I last saw her alive on May 20, 1932 Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset
87 97 9 2 0
Other contributory causes of importance: arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) W. D. White M. D.
(Address) 2803 Kings highway

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.

