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

Do not use this space.

30341

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1170 — File No.

7 Township — Primary Registration District No. 6248 — Registered No. 167

7 City Richmond Hts (No. New St. Mary Hospital St. Ward)

2. FULL NAME Wayne Frick

(a) Residence. No. 1519 S 10th St., 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.

OCT 29 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23-1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	9	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Edwin Frick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Huntingsburg Ind
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Winifred Washburn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) De Soto Mo
(STATE OR COUNTRY)

14. INFORMANT Miss Koach
(Address) 111 No 16 St.

15. FILED 9/7 1932 C. B. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-6 1932

17. I HEREBY CERTIFY, That I attended deceased from 9-6-32, 19..., to 9-6, 1932 that I last saw him alive on 9-6, 1932, and that death occurred, on the date stated above, at 8:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Dysentery, (Ulcerative Ileocolitis)
(2) Marasmus
(3) Pylorospasm.

2C (duration) yrs. mos. 14 ds.

2B CONTRIBUTORY (SECONDARY)
2C (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? NO DATE OF (1)
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Ulcers of small intestine
(Signed) Peter J. Dunn, M. D
, 19 (Address) St. Mary's Hosp.

*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
Calvary Cemetery	Sept 8 1932

20. UNDERTAKER	ADDRESS
J. H. Gebken Lr U Co	2842 Meramec