

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

Do not use this space.

JUN 4 1935

15195

1. PLACE OF DEATH

County St. Louis

Registration District No. 1160

Township _____

Primary Registration District No. 4470

City University City (No. _____)

File No. _____
Registered No. 35
St. _____ Ward)

2. FULL NAME Anna Laura Fricke

(a) Residence, No. 7144 Waterman Ave St. _____ Ward. _____

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louis W. Fricke**

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1934 to APRIL 10 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 7, 1877**

I last saw h. ER. alive on APRIL 10 1935. Death is said to have occurred on the date stated above, at 9:30 AM.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **57 7 3**

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

CEREBRAL HEMORRHAGE

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At home**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
**HYPERTENSION
MYOCARDITIS, CHRONIC
PYELO-NEPHRITIS, CHRONIC**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **NO**

13. NAME **August Gronemeier**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME **Sophia Albers**

Manner of injury _____
Nature of injury _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____

17. INFORMANT Miss Lucy Fricke (ADDRESS) 7144 Waterman Ave.

(Signed) Karl Koenig M.D. M. D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE April 12 1935

(Address) 3720 Washington Blvd

19. UNDERTAKER A. Koenig & Son, Co. (ADDRESS) 3707 So. Grand

20. FILED April 10th 1935 Laura V. Miller Registrar.

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.

