NOV 9 1935

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

Do not use this space.

791

34309

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 8734

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

City St. Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Josephine Frick

(a) Residence, No. ..... St., KR Ward. Wood River Ill.
(Usual place of abode) (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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 8-1874

7. AGE: YEARS 61 years; MONTHS ~~5~~ 6; DAYS ~~5~~ 9; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Ill

FATHER

13. NAME: Oscar O'Neil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Ill

MOTHER

15. MAIDEN NAME: Rosetta Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chattanooga Tenn.

17. INFORMANT (ADDRESS): John Frick Wood River Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wood River, Ill. DATE 10-20 1935

19. UNDERTAKER (ADDRESS): Albert H Hoppe Inc 429 N Euclid ave

20. FILED OCT 17 1935, 19 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 17th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-4-, 1935, to 10-17-, 1935

I last saw her alive on 10-17-, 1935. Death is said to have occurred on the date stated above, at 1:55 a.m.

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

Hepatitis
Cholecystitis with gall stone
Cardiac Decompensation

Date of ca[illegible]

Other contributory causes of importance: 95b

Name of operation: Cholecystectomy Choledochostomy Date of 9-18-35

What test confirmed diagnosis? ..... Was there an autopsy? No

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) Robert Elman, M. D.

(Address) Barnes Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33