

NOV 15 1937

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

36234
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008** Registered No. **9811**
 (c) City..... (d) Street No. **2821A UNIVERSITY ST.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. **UNKNOWN** (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **MARGARET FRICK**

(a) Residence, No. **2821A UNIVERSITY ST** St. **20**
 (Usual place of abode, if no street address, write county or city) (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) **SINGLE**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APRIL 3, 1855**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 6 18
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **HOUSEWORK**
 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) **ILLINOIS**

13. NAME **DOMINIC FRICK**

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

15. MAIDEN NAME **ELIZABETH STOUDE**

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

17. INFORMANT (ADDRESS) **CLARA DOPPLER 2821A UNIVERSITY ST**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEMETERY** DATE **OCT. 25, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Goodhost & Goodhost 2827 Adams Ave**

20. FILED **OCT 22 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/24/37** 19**37**
 22. I HEREBY CERTIFY, That I attended deceased from **Sept 12, 1937, to Oct 21, 1937**
 I last saw her alive on **Oct 21, 1937**. Death is said to have occurred on the date stated above, at **7:45 P.M.**
 The principal cause of death and related causes of importance were as follows:

Garcinoma of the Stomach Gastric Cancer
 Date of onset **1 year**
46 B
 Other contributory causes of importance:
Chronic Myocarditis Cystitis
 Date of onset **25 years**
 Name of operation **NONE** Date of **1 year**
 What test confirmed diagnosis? **Chemically** 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) **E. A. Schweininger**, M. D.
 (Address) **4470 Natural Bridge Ave**

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.

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STATEMENT BY LICENSED EMBALMER

I, Charles J. Goodhart, Licensed Embalmer No. 2777
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles J. Goodhart
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Charles J. Goodhart
Licensed Embalmer No. 2777

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)