DEC 17 1937

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

Do not use this space.

File No. 41225

Registered No.

1. PLACE OF DEATH

County: Gasconade — Registration District No. 303

Township: — Primary Registration District No. 4182

City: Hermann (No. , St. Ward)

2. FULL NAME Fred John Fricke

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1st., 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	62	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer & Public Hauling

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) 11-1-37

11. Total time (years) spent in this occupation 40

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

FATHER

13. NAME August Fricke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Mo

MOTHER

15. MAIDEN NAME Athlaide Grass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) Mrs. Fred J. Fricke Hermann, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hermann City Cem DATE 11/16 19.37

19. UNDERTAKER (ADDRESS) Hugo H. Blumer Hermann, Mo

20. FILED 11-15, 1937 Alma R. Rickoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13- [redacted] 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1937, to 11-13-, 1937.

I last saw him alive on 11-12, 1937. Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Mitral Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? [redacted]

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? No

If so, specify

(Signed) Howard Hohmann, M. D.

(Address) Hermann Mo.

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.