

REC'D MAY 10 1938

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

15551
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 678
(b) Township St James Primary Registration District No. 5904
(c) City (d) Street No. Registered No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Julia Frederick 636
(a) Residence, No. Teachers Home St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-10-1853

7. AGE YEARS 85 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1-1-30 11. Total time (years) spent in this occupation 60 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo

FATHER 13. NAME August Flesche
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Aulonia Boelch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Otto Flesche

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Benevol DATE 4-18- 1938

19. FUNERAL DIRECTOR (ADDRESS) W E Fickler
St James Mo

20. FILED 4-15- 1938 Moscow
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to April 15 1938

I last saw h is alive on April 15 1938. Death is said to have occurred on the date stated above, at 4:00 a.m.

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

laceration of stomach

Date of onset

Other contributory causes of importance: 46

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) W E Fickler M. D.

(Address) St James Mo

STATEMENT BY LICENSED EMBALMER

I, Oval E Licklicher, Licensed Embalmer No. 3546

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Oval E Licklicher

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Oval E Licklicher

Licensed Embalmer No. 3546

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.)