REC'D FEB 10 1939

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

Do not use this space. 315

1. PLACE OF DEATH
(a) County 2 Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 315
(c) City St. Louis (d) Street No. 1908a Arsenal 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Ewald Frericks
(a) Residence, No. 1908a Arsenal St. 24
(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 Male
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 Alvina Frericks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE abt. YEARS 38 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carondelet
9. Industry or business in which work was done, as saw mill, bank, etc. Brewery
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) St. Louis

FATHER
13. NAME Frank Frericks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann, Mo.

MOTHER
15. MAIDEN NAME Theresa Kopp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ben Frericks 1908a Arsenal
18. BURIAL, CREMATION, OR REMOVAL
PLACE O. S.S. P. & Paul DATE 1-11 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle 2331 So. Broadway
20. FILED JAN 10 1939 19 J. D. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30a.m.
The principal cause of death and related causes of importance were as follows:

External Hemorrhage from laceration right carotid artery and right external and internal jugular veins, suffered when deceased fell down step and through glass window in door at bottom of stairway at his home 1908a Arsenal Street, on January 8, 1939, at about 2:30 A.M.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/8/ 1939
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury See Above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
Robert Wheeler, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo.

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

If this body is not embalmed, above space should be left blank.