

RECD JUN 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

16675
Do not use this space.

Registered No. 4209

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 4557a Adelaide Avenue 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.

2. PRINT FULL NAME

620 CHRISTIAN F. FRICKE
 (a) Residence, No. 4557a Adelaide Avenue St. 9
 (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 Ida Fricke (Behring)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employee
 9. Industry or business in which work was done, as saw mill, bank, etc. Proctor Gamble
 10. Date deceased last worked at this occupation (month and year) spent in this occupation.....
Spool Works

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER
 13. NAME Christian Fricke 0

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

MOTHER
 15. MAIDEN NAME Lena Finke 0

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Ida Fricke (ADDRESS) 4557a Adelaide Avenue

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellefontaine DATE May 8, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED 19 J.P. Buchler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1939¹⁹
 22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938, to May 5, 1939
 I last saw him alive on April 29, 1939. Death is said to have occurred on the date stated above, at 5:30 AM
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset 5/5/39

Other contributory causes of importance
Chronic Myocarditis & Myocardial Degeneration
Auricular Fibrillation

Name of operation Amputation Date of
 What test confirmed diagnosis clinical signs 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? No
 If so, specify
 (Signed) Charles P. Martin, M. D.
 (Address) 3911 Lee Ave.

MAY 5 1939

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, or by.....

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

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis*

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.)

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