

REC'D JUN 20 1939

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

18467

Do not use this space.

1. PLACE OF DEATH

(a) County COOPER Registration District No. 218
(b) Township CLARKS Fork Primary Registration District No. 5-307
(c) City _____ (d) Street No. _____ Registered No. 61
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME MRS SOPHIA WILHELMINA FRICKE HEIN

(a) Residence, No. R.F.D. St. _____
(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) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF PETER M. HEIN		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 3, 1874		
7. AGE YEARS 65	MONTHS 1	DAYS 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME		
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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY MISSOURI		
13. NAME HENRY FRICKE		
14. BIRTHPLACE (CITY OR TOWN) ST. LOUIS COUNTY MISSOURI		
15. MAIDEN NAME CAROLAINE KOSTED		
16. BIRTHPLACE (CITY OR TOWN) ST. LOUIS MISSOURI		
17. INFORMANT GEORGE HEIN (ADDRESS) BOONVILLE, MO.		
18. BURIAL, CREMATION, OR REMOVAL PLACE LONE ELM CEMETERY DATE MAY 22, 1939		
19. FUNERAL DIRECTOR (NAME) STEGNER & KOENIG (ADDRESS) BOONVILLE, MO.		
20. FILED 5-22, 1939 <i>Geo Cooper</i> Legal Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 19, 1939**

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1939, to 5-19, 1939
I last saw her alive on 5-19, 1939 Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Hypertensive c.v. disease
Coronary vasculature
Chronic Atherosclerosis
Date of onset 1931

Other contributory causes of importance:
Chronic Atherosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Lucy W. Wells, M.D.
1939 (Address) Boonville, 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/8/39

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 *James W. Stegner*
Licensed Embalmer No. *3780*
P. O. Address *Boonville, Mo.*

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.