

MAY 9 1941

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

Do not use this space.

143552

1. PLACE OF DEATH

County Cooper Registration District No. 224  
Township \_\_\_\_\_ Primary Registration District No. 4137  
City Prairie Home, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 7

2. FULL NAME Christopher Fricke

(a) Residence No. Cooper Co. Mo. Prairie Home  
(Usual place of abode) (If nonresident, give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-29-1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>61</u>	<u>7</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cooper Co. Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Fricke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Caroline Kotstedt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY)

14. INFORMANT Walter Fricke J. H. J.  
(Address) Prairie Home, Mo.

15. FILED 4/7/41 19 41 A. L. Meredith  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-6-41 19

17. I HEREBY CERTIFY, That I attended deceased from 3  
24, 1941, to 4-6, 1941  
that I last saw him alive on 4-6, 1941, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage 3/24/41

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 82 W

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

, 19 \_\_\_\_\_ (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Boonville, Mo. DATE OF BURIAL 4-8 1941

20. UNDERTAKER C. Albert Hombeck ADDRESS Prairie Home, 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.

