

Registration District No. 710 Primary Registration District No. 710

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Lutheran Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

3. (a) PRINT FULL NAME John Frick  
3. (b) If veteran, name war None  
3. (c) Social Security No.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Frick  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Aug. 30th 1876

8. AGE: Years 66 Months 11 Days 27 If less than one day hr. min.

9. Birthplace St. Louis Mo.

10. Usual occupation Nightwatchman retired

11. Industry or business Neighborhood Gardens

MOTHER FATHER { 12. Name Jacob Frick  
13. Birthplace Belleville Illinois  
14. Maiden name Clara Laver  
15. Birthplace St. Louis Mo.

16. (a) Informant Mary Frick  
(b) Address 5138 Heege Rd.

17. (a) Burial (b) Date thereof 8-30-43  
(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.  
19. (a) AUG 28 1943 J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town  
(d) Street No. 5138 Heege Rd.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26th  
year 1943 hour 7:45 minute P.M.

21. I hereby certify that I attended the deceased from Aug. 5 to Aug. 26 1943  
that I last saw him alive on Aug. 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon.

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature G. N. Schaeffer M.D. (Physician)  
Address 5401 Gravois Date signed 8-27-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NR

Duration

1 1/2 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *Edwin D. Mc Dermott*

Licensed Embalmer No. *3024*

P. O. Address.....

**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, fact should be so stated above.**