

V. S. No. 2
FORM-2-43
Rev. 5-17-39
X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 13 1943 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8679

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6718a Minnesota Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adolph John Fricke

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-01-4000

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Alford Fricke 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 6 1912
(Month) (Day) (Year)

8. AGE: Years 31 Months 5 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business Small Arms Plant

MOTHER FATHER

12. Name Frank H Fricke

13. Birthplace Venice Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Anna Amalinger

15. Birthplace Waterloo Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Fricke

(b) Address 6718a Minnesota Ave

17. (a) Burial (b) Date thereof Oct 2 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Reiderwieden Funeral Home Inc

(b) Address 1936 St. Louis Ave

19. (a) Oct 1 1943 (b) J. F. Brueck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29, year 1943 hour 7:25 minute A. M.

21. I hereby certify that I attended the deceased from September 3, 1943 to September 29, 1943.

that I last saw him alive on September 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoid of leg with metastases to the lungs

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations Undifferentiated Sarcoid of leg.
Of autopsy None as above.

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

3. Signature J. J. Martens (M. D. or other)

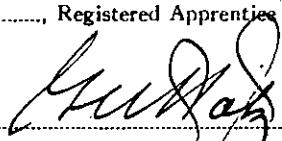
Address 1515 Lafayette Avenue, Date signed 9/29/43

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

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 Apprentices No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No.....

3737

P. O. Address.....

1936 St. Louis, 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, fact should be so stated above.