

FILED JAN 10 1944

Registration District No. **176**

Primary Registration District No. **3020**

Registrar's No. **98**

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

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Washington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **X**
In this community... **X** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Union**
(If outside city or town limits, write "RURAL")
(d) Street No. **1000 N. Oak St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Mary Frick**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **December 1st, 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 0 hr. 15 min.

9. Birthplace **Washington, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **X**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Henry Joseph Frick**
13. Birthplace **Robertville, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Evelyn Josephine Gerdes**
15. Birthplace **Washington, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Joseph Frick**

(b) Address **Union, Missouri**

17. (a) **Burial** (b) Date thereof **Dec. 1st, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Villa Ridge, Mo. (Gildehaus)**

18. (a) Signature of funeral director **Ruburn & Pitt, Inc.**

(b) Address **Washington, Mo.**

19. (a) **12/1/43** (b) **Lucille Ruthen Brooks**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **1st**, year **1943** hour **1:00** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **12-1-43** to **12-1-43** that I last saw her alive on **12-1-43** and that death occurred on the date and hour stated above.

Immediate cause of death **monochromy - since birth Prematurity 7th H.**

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) (e) Means of injury

23. Signature **B. H. Stuckman** (M. D. or other) **M.D.**
Address **Union, Mo.** Date signed **12/1/43**

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.

Not Embalmed

Signed..... *Lester A. Ditt*

Licensed Embalmer No. *3254*

P. O. Address: *Washington, 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.