

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5113

FILED MAR 1944
BFS

State File No. _____
Registrar's No. 1620

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7125 Vermont Avenue 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1
(d) Street No. 7125 Vermont
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country --- 0

3. (a) PRINT FULL NAME Anna Frickel
3. (b) If veteran, name war ---
3. (c) Social Security No. ---

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 16
year 1944 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from Dec 27
1943 to Feb 16 1944
that I last saw h. or alive on Feb - 16 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl Frickel
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April 8, 1891
(Month) (Day) (Year)

Immediate cause of death Cardiac Failure Duration
congestive type
mitral Regurgitation & Stenosis
Due to auricular fibrillation
cardiac enlargement
Due to Essential Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
52 55 10 8 hr. min.

Major findings: 93
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife at home

11. Industry or business 7125 Vermont Avenue

12. Name Frank Haberkamp

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

14. Maiden name Sophie Kendall

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

16. (a) Informant Carl Frickel

(b) Address 7125 Vermont Avenue

17. (a) Burial (b) Date thereof Feb. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7120 Michigan Avenue
FEB 18 1944 J. J. Pruech

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature Herbert Hudis (M.D. or other) M.D.
Address 3535 Brown's Bar Date signed 7/17/44

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

MOTHER FATHER

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 *Oliver E. Bruders*.....

Licensed Embalmer No. *4148*.....

P. O. Address *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.