V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25652

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7883

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: 4352 Lindell Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4352 Lindell Blvd 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wilhelm Frick
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 26 (Day) 1878 (Year)
8. AGE: Years 67 Months 5 Days 13 If less than one day hr. min.
9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Master Mechanic
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Bacon
(b) Address 4352 Lindell Blvd
17. (a) Valhalla (Burial, cremation, or removal) (b) Date thereof 9/10/45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd
19. (a) SEP 10 1945 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1945 hour 4 05 minute A M.
21. I hereby certify that I attended the deceased from Jan 1, 1925 to Sept 8 1945 that I last saw him alive on Sept 7 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Valvular Aortic Stenosis (Luetic) Cirrhosis of Liver — Duration 20 yr

Due to Chronic Myocarditis & Arteriosclerosis 3 mo

Due to and Decompensation

Other conditions (Include pregnancy within 3 months of death) 30 d

Major findings: Of operations (Luetic)

Of autopsy

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

23. Signature E. Eugene Brown (M. D. or other) MD
Address 3903 Olive St Louis Mo Date signed 9/8/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.