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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38825

Registration District No. 362 Primary Registration District No. 6235 Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town "Rural" Pickney Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
½ mi. North of Bernheimer
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. ½ mi. North of Bernheimer
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FERDINAND CHARLES FRICKER

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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 July (Month) 2 (Day) 1911 (Year)

8. AGE: Years 34 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Fricke
13. Birthplace Hermann (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Bertha Puchta
15. Birthplace Hermann (City, town, or county) Mo (State or foreign country)

16. (a) Informant William Fricke
(b) Address RFD Hermann, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Mo

19. (a) Nov 20-45 (Date received local registrar) (b) Mrs Hugo Luttmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1945 hour 8 minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broken neck	
Due to Tractor overturning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

Nov 8 '45

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) Accident

(b) Date of occurrence Nov 19

(c) Where did injury occur? Warren (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on public highway
(Specify type of place)
While at work? yes (e) Means of injury Corner

23. Signature Dr F. H. Kerr (M.D. or other)
Address Warrenton, Mo Date signed 2 Nov 19

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 12-6-45

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 Hugo St. Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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.