No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29045

Registrar's No. 8153

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: En Route to City Hospital #1 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 937 Withnell Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank Fricke

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

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Fricke

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September (Month) 9 (Day) 1875 (Year)

8. AGE: Years 71 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Unknoen
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Annie Flora Fricke
(b) Address 4239 A. Delor St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Siegenheim Bros
(b) Address 6409 Gravois Ave

19. (a) AUG 27 1947 (Date received local registrar) (b) J. H. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day August year 1947 hour 10 minute 23 a.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: Heat Exhaustion	
Due to: Chronic Myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death) 93	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? 2
While at work? (Specify type of place) (e) Means of injury

23. Signature Patrick C. Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 8-29-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mary

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.