

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18430

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6338 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Indiana</b> b. COUNTY <b>Vanderburgh</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marthasville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Unknown</b>	
c. LENGTH OF STAY (in this place) <b>24 years</b>		d. STREET ADDRESS (If rural, give location) <b>Unknown</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Emmaus Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Theodore</b> b. (Middle) <b>C.</b> c. (Last) <b>Frick</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 9 1949</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 7, 1873</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>John Frick</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John H. Pugh</b>	ADDRESS <b>Marthasville, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  <b>10 yrs</b>  <b>4201</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c) <b>Fracture skull</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1930 to May 9, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. C. Johnson M.D.</b>	(Degree or title)	23b. ADDRESS <b>Marthasville Mo</b>	23c. DATE SIGNED <b>5/11/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 12-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Emmaus Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Warren Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>May 11/49</b>	REGISTRAR'S SIGNATURE <b>H. C. Johnson</b>	334	25. FUNERAL DIRECTOR'S SIGNATURE <b>Almont V. Kistner</b>	ADDRESS <b>Marthasville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

109  
9

494  
16  
2

RECEIVED  
District Health Officer No. 9,  
District File Number MAY 18 1949  
Date Filed \_\_\_\_\_

MAY 28 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Samuel F. Lichtenberg

Licensed Embalmer No. 431

P. O. Address Marthasville, N.C.

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.