

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16025**

FILED JUN 2 1952

BIRTH NO.		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington.</u>		c. LENGTH OF STAY (If in this place) <u>1 day.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington,</u> <u>J 352</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Francis Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>311 Stafford St.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Fred</u>		a. (First) <u>Fred</u>		b. (Middle) <u>C. H.</u>		c. (Last) <u>Fricke</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 25th, 1952.</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Apr. 16th, 1876</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Turner.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick Fricke.</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmine Otte.</u>		14. NAME OF HUSBAND OR WIFE <u>Adele M. Fricke.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>488-07-9802</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adele M. Fricke</u> <u>Washington, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic C-V Disease?</u> DUE TO (c) <u>Old age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatitis, acute, severe.</u> <u>2 days</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>23 May, 1952</u> to <u>25 May, 1952</u> that I last saw the deceased alive on <u>24 May, 1952</u> and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. J. Boyce, M.D.</u>				23b. ADDRESS <u>Washington, Mo.</u>		23c. DATE SIGNED <u>26 May 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 28, 1952.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Lutheran Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 26, 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Huchman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>99-0</u> <u>Quelburg & Vitt, Inc.</u>		ADDRESS <u>Washington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

36
0

VS JUL 7 1959

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 Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.