.S. No. 300
EV. 10-48

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39528

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 112

0500 4

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

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joachim Township
c. LENGTH OF STAY (In this place): 12 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mountain View Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ROCK TOWNSHIP
d. STREET ADDRESS (If rural, give location): Near Breezy Heights Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): A.
c. (Last): FRICKE

4. DATE OF DEATH (Month) (Day) (Year): NOV. 25, 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: May 7, 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motorman
10b. KIND OF BUSINESS OR INDUSTRY: Public Service Co.
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Fricke
13b. MOTHER'S MAIDEN NAME: Johanna Stodig
14. NAME OF HUSBAND OR WIFE: Minnie Kessler (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Frederick D. Fricke 6624 Fyler St. Louis, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lung. Lost phlegm

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Generalized Carcinoma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
163X
20. AUTOPSY? YES ☐ NO ☑

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): Imperial Jefferson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953, *to* 11/25, 1953, *that I last saw the deceased alive on* 11/25, 1953, *and that death occurred at* 7:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. Reich Mo
23b. ADDRESS: Imperial Mo
23c. DATE SIGNED: 11/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV 28 1953
24c. NAME OF CEMETERY OR CREMATORY: ST. JOHN CEMETERY
24d. LOCATION (City, town, or county) (State): BECK MO

DATE REC'D BY LOCAL REG.: Nov. 28-1953
REGISTRAR'S SIGNATURE: Gertrude R. Politte
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: HEILIGTAG FUNERAL HOME IMPERIAL MO

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1954

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DEC 14 1953

DATE RECEIVED DEC 11 1953

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 Arthur W. Shilington

Licensed Embalmer No. 3892

P. O. Address Imperial 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.