

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42509

State File No.

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 213

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERMANN</u> <u>0371</u>	
d. STREET ADDRESS (If rural, give location) <u>224 E. SECOND</u>			
3. NAME OF DECEASED a. (First) <u>ELIZABETH</u>		b. (Middle) <u>FRICKE</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 16 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV 15-1877</u>
9. AGE (In years last birthday) <u>81</u>		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) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>US.</u>			
13a. FATHER'S NAME <u>Adolph Schlemeyer</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH HAAG</u>	
14. NAME OF HUSBAND OR WIFE <u>Fred 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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Fricke Hermann Mo</u>		ADDRESS _____	
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) <u>Coronary Thrombosis</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>	
DUE TO (c) _____		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4200.</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>1950</u> , to <u>Dec. 16, 1953</u> , that I last saw the deceased alive on <u>Dec. 16, 1953</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John J. Ryan M.D.</u>		23b. ADDRESS <u>Hermann Mo</u>	
23c. DATE SIGNED <u>12-18-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/19/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hermann City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>HERMANN MO</u>	
DATE REC'D BY LOCAL REG. <u>12/19/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
59-06		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____	

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....
August Bleumel

Licensed Embalmer No. *3160*

P. O. Address *Herrmann No*

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.