

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8228

State File No.

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</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) <u>HERMANN</u>	c. LENGTH OF STAY (in this place) <u>8 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>HERMANN</u> <u>0371</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 E. 4th ST</u>		d. STREET ADDRESS (If rural, give location) <u>214 E 4th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>CHRISTINA</u> c. (Last) <u>FRICKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 11 1954</u>		
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5. SEX <u>1</u> <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-12-1881</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>HERMANN MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>CHARLES PUCHTA</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH EBERLIN</u>		14. NAME OF HUSBAND OR WIFE <u>WM. FRICKE</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. FRICKE, HERMANN, MO.</u>		ADDRESS _____	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 MOS</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CERERAL ARTERIO SCLEROSIS</u>					
		DUE TO (c) <u>ADENOCARCINOMA OF Ovary</u> <u>CARCINOMA of Breast</u>				<u>1 YRS</u> <u>2 YRS</u>	

19a. DATE OF OPERATION <u>9-3-52</u> <u>5-20-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA of Breast</u> <u>Pelvic Mass</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 7-13, 1953, to 3-11, 1954, that I last saw the deceased alive on 7-8, 1954, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>George M. Workman M.D.</u>		23b. ADDRESS <u>HERMANN, MO</u>		23c. DATE SIGNED <u>3-12-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HERMANN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HERMANN, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>3-12-54</u>		REGISTRAR'S SIGNATURE <u>Delma Berken</u>		493		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo H. Dummer</u>		ADDRESS <u>HERMANN, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student Embalmer No.....

Signed.....

August D. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No.....

3160

P. O. Address.....

HERMANN, Md.

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.