

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24854

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1531</u>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay</b>		c. LENGTH OF STAY (in this place) <b>1 yr</b>		c. CITY OR TOWN <b>Lemay</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3441 Union Rd.</b>				STREET ADDRESS (If rural, give location) <b>3441 Union Rd.</b>		<b>4000</b>	
3. NAME OF DECEASED (Type or Print)		a. (First) <b>William</b>		b. (Middle) <b>Henry</b>		c. (Last) <b>FRICK</b>	
4. DATE OF DEATH		(Month) <b>July</b>		(Day) <b>4</b>		(Year) <b>1955</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 24, 1875</b>	
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 4 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>interior decorator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Belleville, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Conrad C. Frick</b>		13b. MOTHER'S MAIDEN NAME <b>Eulila Pigeon</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Frick</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Frick, 3441 Union Rd., Lemay, Mo.</b>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic endocarditis</b> INTERVAL BETWEEN ONSET AND DEATH <b>I do not know</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <b>4214</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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>June 19, 1955</u> , to <u>July 4, 1955</u> , that I last saw the deceased alive on <u>June 19, 1955</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Waldon L. Hill M.D.</b>				23b. ADDRESS <b>3606 Lemay Ferry Rd. St. Louis Mo.</b>		23c. DATE SIGNED <b>7/5/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7/7/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olive Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7/5/55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Ham</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und. Co., 7420 Michigan Ave.</b>			

(Licensed Embalmers' Placement on Reverse Side)

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

Waldo Will

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 ..... Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. 376

P. O. Address 7420 Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.