

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3629

BIRTH NO.		REG. DIST. NO. 362		PRIMARY REG. DIST. NO. 4533		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY <b>Warren</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wright City</b>		c. LENGTH OF STAY (In this place) <i>Life</i>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Wright City</b>		d. STREET ADDRESS (If rural, give location) <i>1090</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gilbert</b>		b. (Middle) <b>Henry</b>		c. (Last) <b>Fricke</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 30 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>		8. DATE OF BIRTH <b>Oct 31 1900</b>	
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager Service Station</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Warren Co MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>							
13a. FATHER'S NAME <b>William Fricke Sr</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Dieckman</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-03-1323</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William Fricke Jr Wright City 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>Coronary Thrombosis</b>  ANTECEDENT CAUSES <b>Influenza</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>1-26-56</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>481X</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 (Month) (Day) (Year) (Hour) OF INJURY		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 <b>5-28, 1925</b> , to <b>1-29-1956</b> , that I last saw the deceased alive on <b>1-29-1956</b> , and that death occurred at <b>7 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H. Walter Eversmann, M.D.</b>				23b. ADDRESS <b>Warrenton Mo</b>		23c. DATE SIGNED <b>1-31-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/1/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wright City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Wright City Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-31-56</b>		REGISTRAR'S SIGNATURE <b>Lloyd Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Nieburg Furn &amp; Und Co Wright City Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 23 1958

**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 Julius J. Feberg  
Licensed Embalmer No. 3366

P. O. Address Wright City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.