URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1960

-60-039741

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10098

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 17 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Anthony Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7006a Eugene — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle CLARA Last FRICKEL

4. DATE OF DEATH: Month Oct. Day 15, Year 1960

5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/6/86
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Franf Haverkamp
13b. MOTHER'S MAIDEN NAME: Mary Hundel
14. NAME OF HUSBAND OR WIFE: Carl Frickel

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.: None
17. INFORMANT: Carl Frickel Sr. Address: 7006a Eugene

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of the ovary — same
DUE TO (c) ——— 175.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/12/59 to 10-15-60 and last saw her/him alive on 10-15-60
Death occurred at 9:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. B. Ladd (Degree or title) M.D. — Charles B. Ladd MD
22b. ADDRESS 7430 Virginia — 7430 VIRGINIA AVE
22c. DATE SIGNED 10/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10/19/60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cem.
23d. LOCATION (City, town, or county) (State): Lemay 25 Mo.

24. FUNERAL DIRECTOR: Fendler Und. Co. ADDRESS: 7420 Michigan 11
25. DATE RECD. BY LOCAL REG.: OCT 18 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.