

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

SEP 21 1939

33786

1. PLACE OF DEATH

County Harren Registration District No. 882
 Township Stockton Primary Registration District No. 4535
 City Wright City, Mo. No. _____ St. _____ Ward _____

2. FULL NAME

Henry Herman Fricke
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Kahlbrink
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 18

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
 13. NAME Henry Herman Fricke
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Milhelmine Kahl
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. H. H. Fricke
Wright City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City Cem. DATE Sept 21, 1939

19. UNDERTAKER (ADDRESS) Rieburg Undl Co
Wright City, Mo.

20. FILED 9/20 1939 Julius Rieburg Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is stated to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute myocarditis Date of onset _____
 Other contributory causes of importance: 43 W
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Industry
 Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) D. F. H. Kappeler M. D.
 (Address) Wentworth 940

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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