

No. 2  
-5-43  
-17-39  
X38671

FILED FEB 27 1944  
18

State File No. ....  
Registrar's No. 453

Registration District No. .... Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Alexian Brothers Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Herman C. Frerichs

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Frerichs 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January 18 1887  
(Month) (Day) (Year)

8. AGE: Years 56 ~~57~~ Months 11 Days 26 If less than one day hr. min.

9. Birthplace Florissant Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

12. Name Herman Frerichs

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine F. Dickhaus

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Frerichs  
(b) Address 2717 So. 13th Street

17. (a) Burial SS. Peter & Paul Cem.  
(Burial, cremation, or removal) (b) Date thereof Jan. 17/44  
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Weick Bros.  
(b) Address 2201 So. Grand Blvd.

19. (a) JAN 15 1944 (Date received local registrar)  
J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
17  
923

(a) State Missouri (b) County

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2717 So. 13. th. Street  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14  
year 1944 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from 10/13-43 to 1-13-44, 19  
that I last saw him alive on 1-13-44, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Acute intestinal obstruction  
Due to:  
Acute appendicitis  
Due to:  
Operation on 12-6-43 -

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: Intestinal obstruction  
on operation 1-13-44  
Of autopsy: Ac

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Budeck (M. D. or other)  
Address 4065 So. Grand Date signed 1/14/44

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

MOTHER FATHER

844

41063-10 Head  
1-3-7-9 - No. 2711

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Sam A. Stewart* .....

Licensed Embalmer No. *3722* .....

P. O. Address *412 One Center* .....

**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.**