

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 15 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19720  
Registrar's No. 1901

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis.  
(c) Name of hospital or institution:  
4545 Arco Ave.  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Mo. (b) County.....  
(c) City or town..... St. Louis  
(d) Street No..... 4545 Arco Ave.  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Edward L. Frick.  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February Day 26th  
year 1945 hour 2:12 minute 15 P. M.  
21. I hereby certify that I attended the deceased from.....  
that I last saw h..... alive on.....  
and that death occurred on the date and hour stated above.

4. Sex M. Color or race W.  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased September 2, 1904  
(Month) (Day) (Year)

Immediate cause of death.....  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
40 5 24 hr. min.

Major findings:  
Of operations.....  
Of autopsy.....  
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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

9. Birthplace St. Louis County.  
10. Usual occupation Real Estate  
11. Industry or business.....

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

MOTHER FATHER  
12. Name Frank J. Frick.  
13. Birthplace New York.  
14. Maiden name Cornelia Luebbering.  
15. Birthplace St. Louis, Mo.

16. (a) Informant Mr. Arthur Brockmeyer.  
(b) Address 4545 Arco Ave.  
17. (a) Burial. (b) Date thereof 3-1-45  
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Alvin J. Donnelly  
(b) Address 3840 Lyndell Blvd.  
19. (a) FEB 27 1945 (b) J. F. Bredek  
(Date received from Registrar) (Registrar's signature)

23. Signature Patrick J. Taylor (M. D. or other)  
Address Alip Cor Date signed 3/28/45

*Coroner Office*

**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 *Stanley Marshall*  
Licensed Embalmer No. *2868*  
P. O. Address *3840 Rindell*

**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.**