

No. 2
2-45
7-39
X47070

FILED JAN 27 1947

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: 2626 No. Euclid
(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 William Frick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male white

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 6, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>74</u>	<u>4</u>	<u>25</u>		hr. min.

9. Birthplace Belleville, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired grocer

11. Industry or business _____

12. Name William Frick Sr.

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Windergerst

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Carter

(b) Address 2626 No. Euclid

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/47
(Month) (Day) (Year)

(c) Place: burial or cremation CANARY CEM

18. (a) Signature of funeral director Sullivan Bros.

(b) Address 2849 No. Euclid Ave.

19. (a) JAN 2 - 1947 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2626 No. Euclid
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st year 1947 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec 12th 1946 to Jan 1st 1947; that I last saw him alive on Jan 1st 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Myocardial Infarction</u>	<u>15</u>
Due to <u>Rheumatism Chronic Arthritis</u> <u>Arterio Sclerosis Chronic</u>	<u>20</u>
Due to <u>Bronchitis</u>	

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

Major findings: Of operations _____

Of autopsy _____

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 E. A. Schweininger M.D. (D. or other) _____
Address 4470 Natural Bridge Date signed 1-2-47

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

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Dr. E. Schweninger,
4470 Natural Bridge

Lo. 5779

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.