

FILED MAY 15 1948
Registration District No. 579

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1279 Delaware Avenue.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 1279 Delaware Avenue.
(If rural, give location)

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

3. (a) PRINT FULL NAME Herman F. Fricke.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th.
year 1948 hour 2 minute 30 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Clara L. Fricke.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased October 27, 1867.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 4, 1948 to May 9, 1948
that I last saw him alive on May 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>6</u>	<u>12</u>	hr. min.

Duration 1 wk

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

10. Usual occupation Real Estate & Insurance.

11. Industry or business.....

12. Name Henry Fricke.

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

14. Maiden name Dont know.

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

16. (a) Informant Mr. William F.G. Fricke.

(b) Address 6215 Page Avenue.

17. (a) Burial (b) Date thereof 5-12-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 5-10-48 (b) Cecilia J. Johnson
(Date received local registrar) (Registrar's signature)

Due to 107

Due to.....

Other conditions Arterio sclerosis.
(Include pregnancy within 3 months of death)

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?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work?..... Means of injury Old

Signature Walter B. Anderson M. D. or other.....

Address 3903 Olive St. Date signed 5/19/48

Dr. Walter R. ~~Felke~~ *Jordan*
3903 Olive Street.
Hours 10 to 12 noon.
Jefferson 4086

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

Clement M. Neary

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

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.