

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016292
STATE FILE NUMBER

FILED MAY 8 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1084

300
1-57

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Washington <u>0360</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Home | | Length of stay in 1b 2 1/2 years | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Adele Middle M Last Fricke | | | 4. DATE OF DEATH Month April Day 19 Year 1959 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 3, 1883 | 9. AGE (In years last birthday) 75 | FUNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Marthasville, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME unk. | 13b. MOTHER'S MAIDEN NAME unk. | 14. NAME OF HUSBAND OR WIFE FRED CH. FRICKE |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NUMBER 488-07-9802D | 17. INFORMANT Address Pine Crest Home Ballwin, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure Epilepsy Status Epilepticus Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 3532 |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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21. I attended the deceased from _____ to _____ and last saw her/him alive on **4-14-59**
Death occurred at **2:25 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Allen M. Durney M.D. | 22b. ADDRESS 7308 Glades NE | 22c. DATE SIGNED 4-19-59 |
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| 23a. BURIAL CREMATION (Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other <input type="checkbox"/>) | 23b. DATE 4/23/59 | 23c. NAME OF CEMETERY OR CREMATORY Father's Cemetery | 23d. LOCATION (City, town, or county) (State) Washington Mo |
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| 24. FUNERAL DIRECTOR Hibury & Witt | ADDRESS Washington, Mo. | 25. DATE RECD. BY LOCAL REG. 4-20-59 | 26. REGISTRAR'S SIGNATURE John E. Murphy M.D. |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Elwin O. Melburg

Licensed Embalmer No. 7382

P. O. Address Washington

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.