

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 318 Primary Registration District No. 1003 Registrar's No. 7575 -61-030741 STATE FILE NUMBER

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7575

FILED AUG 23 1961

1. PLACE OF DEATH
 a. COUNTY Missouri
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb 16 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4440a Kossuth** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4440a Kossuth** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
MARTHA (MATTIE) BERTHA FRICK August 13 1961

5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10/2/1878 9. AGE (last birthday) 82 years
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Joseph Steimmeyer** 13b. MOTHER'S MAIDEN NAME **Josephine Haar** 14. NAME OF HUSBAND OR WIFE **Edward Frick**

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 NO. 17. INFORMANT Address **Mrs. Albert Hoffstetter-4440a Kossuth**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute Renal Failure** INTERVAL BETWEEN ONSET AND DEATH **3 days**
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) **593x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Chr. Rheumatoid Arthritis**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **8-3-1961** to **8-13-1961** and last saw her **alive** on **8-12-1961**
 Death occurred at **6 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **C. Kleinschmidt M.D.** 22b. ADDRESS **908 N Grand Ave** 22c. DATE SIGNED **8/14/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **August 16, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 23d. LOCATION (City, town, or county) (State) **St. Louis County Missouri**

24. FUNERAL DIRECTOR ADDRESS **BUCHHOLZ MORTUARY-5967 W. Florissant Ave** 25. DATE RECD. BY LOCAL REG. **AUG 15 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

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 Walter B. Buchholz

Licensed Embalmer No. 4551

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