

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318-14807819

SL 20026

=62-003766

STATE FILE NUMBER

Primary Registration District No. 1003

Registrar's No. 1234

AMENDED

Registration District No.

FILED FEB 7 1962

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| 1. PLACE OF DEATH a. COUNTY | | 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 ST. LOUIS, MO. | | Length of stay in 1b 10 DAYS | c. CITY OR TOWN ST. LOUIS, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5636 NEOSHO Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last CARL A. FRICKEL Jr. | | | 4. DATE OF DEATH Month Day Year JANUARY 27, 1962 | | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-26-12 | 9. AGE (last birthday) 49 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOLDER | | 10b. KIND OF BUSINESS OR INDUSTRY LIBERTY FOUNDRY | | 11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME CARL FRICKEL SR. | | 13b. MOTHER'S MAIDEN NAME ANNA HAVERKAMPP | | 14. NAME OF HUSBAND OR WIFE LORETTA R. FRICKEL | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address LORETTA R. FRICKELE 5636 Neosho St. | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPIRATION PNEUMONITIS | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | | 492xH |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HODGKINS DISEASE | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <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 |

21. I attended the deceased from 1-17-62 to 1-27-62 and last saw him alive on 1-27-62
Death occurred at 10:30 a.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) Arnold M. Goldman M.D. | 22b. ADDRESS VAH, ST. LOUIS, MO. | 22c. DATE SIGNED 1-27-62 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Jan. 30, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
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| 24. FUNERAL DIRECTOR Gebken-Benz Mortuary | ADDRESS 2842 Meramec St. St. Louis, 18, Mo. | 25. DATE RECD. BY LOCAL REG. JAN 29 1962 | 26. REGISTRAR'S SIGNATURE Neal Smith M.D. |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED
4-9-62

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 _____


Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address: St. Louis, Mo. (18

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.