WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20154
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 4998

1. PLACE OF DEATH

(a) County
(b) Township
(c) City or Town: Saint Louis, Missouri
(d) Street No.: St Anthony Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jacob Frisch

(a) Residence, No. 4640 Varrelmann Ave. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Frisch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 11th, 1878.

7. AGE: Years 60 | Months 7 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Sheet Metal
9. Industry or business in which work was done, as saw mill, bank, etc.: Worker
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

17. INFORMANT: Katherine Frisch
(ADDRESS) 4640 Varrelmann Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Park DATE June 3rd, 1939

19. FUNERAL DIRECTOR (NAME) Ziegenhein Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED JUN 2 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st, 1939.

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939, to June 1, 1939
I last saw him alive on June 1st, 1939. Death is said to have occurred on the date stated above, at 8:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Brain	8 mo
Melanoma of Thumb. Primary cause	

Other contributory causes of importance:

Melanoma of Thumb "Left"	9 mo ago

Name of operation: None Date of
What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Julius Ehr Roller, M. D.
(Address) 2603 Cherokee St.

(Licensed Embalmer's Statement on Reverse Side)

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 V. E. Morris

Licensed Embalmer No. 3360

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, above space should be left blank.