

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF HEALTH
BUREAU OF THE REGISTERS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30537

State File No. _____

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **7600**

1. PLACE OF DEATH: **1008**

(a) County _____ /
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **19 days**
(Specify whether years, months or days)

In this community **35 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____ /
 (c) City or town **St. Louis** 7
(If outside city or town limits, write "RURAL")
 (d) Street No. **5515 Plover Ave**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? **35** years.

3. (a) PRINT FULL NAME **Lena Frischmann** *625*
 (b) If veteran, name war **Nil**
 (c) Social Security No. **Nil**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** year **39** hour **5:00** minute **1**
 21. I hereby certify that I attended the deceased from **8-26-39** to **9-1-39**
 that I last saw her alive on **8-21-39**, 19____
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Martin Frischmann** 6. (c) Age of husband or wife if alive **63** years
 7. Birth date of deceased **Aug. 24 1876**
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of liver body
 Due to **metastatic deposit from breast**
 Due to **Primary site breast**
 Other conditions
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
63 0 7 hr. _____ min.

Major findings: **none**
 Of operations **no**
 Of autopsy **none**
 Duration **60**
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace **Kittsee** **Austria**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____
 12. Name **Mathew Streck**
 13. Birthplace **Kittsee** **Austria**
(City, town, or county) (State or foreign country)
 14. Maiden name **Marie Frik**
 15. Birthplace **Kittsee** **Austria**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Martin Frischmann**
 (b) Address **5515 Plover Ave**
 17. (a) **Burial** (b) Date thereof **Sept. 4 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Calvary Cemetery**
 18. (a) Signature of funeral director **Walter H. Spilman**
8934 N. 21st St.
 (b) Address _____
 19. (a) **SEP 2 1939**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 Means of injury **no**
 23. Signature **Walter H. Spilman**
 Address **1506 St. Louis** Date signed **9-7-39**

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.....

Geo. P. Schubert, Registered Apprentice No.
working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

P. O. Address 5118th N. Kingshighway

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.