

FILED DEC 9 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 10429
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 5510 Wren Ave
(d) Length of stay: In hospital or institution None
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 5510 Wren Ave
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Carl Frischmann

3. (b) If veteran, name war None 3. (c) Social Security No. 489-03-0488

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 61 hr. min.

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

10. Usual occupation Machine hand

11. Industry or business

12. Name Joseph Frischmann

13. Birthplace Unknown Austria
(City, town, or county) (State or foreign country)

14. Maiden name Mary Colemann

15. Birthplace Unknown Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Frischmann
(b) Address 5510 Wren Ave

17. (a) Burial (b) Date thereof 11/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethléhem Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) Date received 11/29/43 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th year 1943 hour 10:00 AM minute M.

21. I hereby certify that I attended the deceased from 1943 to Nov 27 1943
that I last saw him alive on Nov 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Arterio Sclerosis 2 years

Due to 52

Other conditions Cancer of Bladder 1 1/2 years
(Include pregnancy within 4 months of death)

Major findings: Of operations: no operation

Of autopsy: no

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature John W. McDowell (M. D. or other)
Address 5739 Grand Date signed 11-29-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

NOV 29 1943

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..... *Francis A Williamson*
Licensed Embalmer No. *3565*
P. O. Address..... *St Louis Mo*

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, fact should be so stated above.