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

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19184

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1121

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Goodfellow Terrace
c. LENGTH OF STAY (in this place): 21 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4325 Rosewood Avenue,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouris
b. COUNTY: St. Louis
c. CITY OR TOWN: Goodfellow Terrace 4150 0
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 4325 Rosewood Avenue, 20

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): EMMETT
c. (Last): FRISBY

4. DATE OF DEATH (Month) (Day) (Year): May 2nd, 1956

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 18th, 1896
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY: Crescent Planing Mill Co.
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Frisby
13b. MOTHER'S MAIDEN NAME: Margaret Roe
14. NAME OF HUSBAND OR WIFE: Catherine Frisby nee Stock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 494-03-6584
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Catherine Frisby, 4325 Rosewood Avenue, 20

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SQUAMOUS CELL CARCINOMA RIGHT LUNG

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CEREBRAL + GENERALIZED METASTISIS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 1/16/56
19b. MAJOR FINDINGS OF OPERATION: INOPERABLE CARCINOMA RIGHT LUNG 163X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1/55, 19___, *to* 5/2/56, 19___, *that I last saw the deceased alive on* 4/15/56, 19___, *and that death occurred at* 3.45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl W. Lonier, MD. 0
23b. ADDRESS: 3731 GOODFELLOW BLVD.
23c. DATE SIGNED: 5/2/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/5/56
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: 5-2-56
REGISTRAR'S SIGNATURE: Herbert R. Dowhepal
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.

(Licensed Embalmer's Statement on Reverse Side)

File in County

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Mlina

Licensed Embalmer No. 418

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.