

No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JUN 26 1946

State File No. _____
Registrar's No. 5452

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 811 Geyer Av. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State 770 (b) County ooc
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 811 Geyer Av. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Sebastian Frisk
3. (b) If veteran, name war no. 3. (c) Social Security No. 494-05-5949

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17 year 1946 hour 7 minute 00 P. M.

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Barbara Frisch 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec 31 1875 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 8, 1946, 19 to June 17, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 5 Days 17 If less than one day hr. min.

Immediate cause of death: Carcinoma of rectum, 1 yr? Duration

9. Birthplace Hungary (City, town, or county) H (State or foreign country)

Other conditions: Carcinoma of prostate (Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings: Carcinoma Of operations H6 Of autopsy Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business
12. Name Frank Frisch 4
13. Birthplace Hungary (City, town, or county) (State or foreign country)
14. Maiden name Anna Landgraf 4
15. Birthplace Hungary (City, town, or county) (State or foreign country)

16. (a) Informant Barbara Frisch 1
(b) Address 811 Geyer Av.
17. (a) Burial (b) Date thereof 6-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation N. S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Witt Bros. & Co.
(b) Address 2929 S. Jefferson Av.
19. (a) JUN 19 1946 (Date received local registrar) J. F. Brueck (Registrar's signature)

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) (c) Means of injury
23. Signature Jerome Quinn (M. D. or other) M. D. Address 508 N. Grand Date signed 6/18/46

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

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..... *Harold C. Witt*

Licensed Embalmer No. *4353*

P. O. Address. *2929 S Jefferson Ave*

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.