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

39883
Do not use this space.

1. PLACE OF DEATH DEC 13 1937

Registration District No. 791 1/2
Primary Registration District No. 1003
Registered No. 10870

(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. BARNES 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lewis H. Frizzell

(a) Residence, No. St. NR Mounds, Ill.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 27 1889

7. AGE: Years 47 | Months 6 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pharmacist
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) MARCH 1937
11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIENNA ILL

FATHER
13. NAME LEWIS H FRIZZELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Sydney Isabell Poe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) H.P. Frizzell VIENNA ILL.

18. BURIAL, CREMATION, OR REMOVAL
PLACE VIENNA, ILL DATE NOV. 22 1937

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe 429 N. Euclid Ave

20. FILED NOV 24 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-22 1937, to 11-20 1937
I last saw him alive on 11-20 1937. Death is said to have occurred on the date stated above, at 9:15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Recto-Sigmoid	
c. Metastases	
B. Lateral Parotitis and Mumps	

Other contributory causes of importance:

Hb D

Name of operation Colostomy Date of 10-25-37
What test confirmed diagnosis? Biopsy Was there an autopsy?

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.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F R Bradley, M. D.
(Address) BARNES HOSPITAL

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.

(Licensed Embalmer's Statement on Reverse Side)

10870

10870

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)