DEC 21 1938

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

40186
Do not use this space.

1. PLACE OF DEATH
(a) County St Charles Mo. Registration District No. 757
(b) Township Primary Registration District No. 3036 Registered No. 168
(c) City St Charles Mo. (d) Street No. 117 Adams Str. 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.

620

2. PRINT FULL NAME Julith Frisch
(a) Residence, No. St Charles Mo. St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27th 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Per De Rouche Ill.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Per De Rouche Ill

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lee Frisch St Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cem DATE Nov 23 1938 St Charles Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. C. Dallmeyer & Son St Charles Mo.

20. FILED 11/21 1938 Clarence G. Wessler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20th/38 19

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1938, to November 20, 1938
I last saw her alive on November 20, 1938. Death is said to have occurred on the date stated above, at 11.45 A.M.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia bilateral. Myocardial failure. 87 W

Date of onset

Other contributory causes of importance:
Apoplexy c̄ left paraplegia (occurred on or about 3-3-38).

Name of operation None Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Landon R. McIntire, M. D.
(Address) St. Charles, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.