

No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39072

State File No. _____

FILED DEC 11 1941

Registration District No. 664

Primary Registration District No. 5884

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Benton, Pettis
(b) City or town Windsor, Rural
(c) Name of hospital or institution: Washington T.S.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 or 6 Yrs.
In this community 5 or 6 Yrs.
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Pettis
(c) City or town Windsor, Rural
(d) Street No. Washington T.S.
(e) Citizen of foreign country? No.
If yes, name country _____

3. (a) PRINT FULL NAME Maggie E. Frisch,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Louis Frisch
6. (c) Age of husband or wife if alive dead, years 23 1864
7. Birth date of deceased Oct, 23 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 12 Days _____
If less than one day _____ hr. _____ min.

9. Birthplace Perusia, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation House wife,

11. Industry or business _____

12. Name Unknown, - - Pohl,

13. Birthplace unknown, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown
(City, town, or county) (State or foreign country)

15. Birthplace unknown, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Earl J. Frisch

(b) Address Windsor mo 6226

17. (a) Mt. Pleasant (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Suburban

18. (a) Signature of funeral director J. B. Calbert

(b) Address Director

19. (a) Nov 11, 1941 (b) 418 Shelby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1941 hour 2:00 minute 00 A. M.
21. I hereby certify that I attended the deceased from Nov 5 1941, to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead
Evidently from heart disease
probably Coronary embolism
Due to Arterio-sclerosis

Due to _____
Other conditions 94 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none held

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 M. J. Bishop of Coroner (M. D. or other) _____
Address Sedalia Mo Date signed 11-5-41

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 12-8-41

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

J. B. Calvert

Licensed Embalmer No.

2670

P. O. Address

Lynch 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.