

FILED APR 27 1942 **791**

Registration District No. .... Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis,  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Park Lane Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one month  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4550 So. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Frieda Irene Kissel

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, divorced

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased August 29 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 7 21 hr. min.

9. Birthplace Greenville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Francis Hoffman  
15. Birthplace Greenville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bernice Winkler  
(b) Address 6618 Morganford

17. (a) Burial (b) Date thereof 4/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director O. J. Hoffmeister  
(b) Address 4016 Chippewa

19. (a) APR 21 1942 (b) J. T. Budwick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1942 hour 5:30 A. M. minute M.

21. I hereby certify that I attended the deceased from 3-24-42, 19, to 4-20-42, 19,;  
that I last saw h. er. alive on 4-20-42, 19,;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute intestinal obstruction  
Due to Generalized carcinomatosis

Due to site unknown  
Other conditions (include pregnancy within 3 months of death) 55

PHYSICIAN  
Major findings: Of operations .....  
Of autopsy .....

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 J. T. Budwick M.D.  
Address 4930 Linden St. St. Louis Date signed 4-21-42

**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

*Ernest W. Spillers*

Licensed Embalmer No.

*4680*

P. O. Address

*3747 Dunnic*

**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.**