

FILED OCT 13 1944

Registration District No. 317 Primary Registration District No. 3063

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

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 6 days
In this community 5 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Louis 96
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 213 Military
(If rural, give location)
(e) Citizen of foreign country? _____ (Year No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Frisbie
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10- day 5
year 1944 hour 3:30 minute Am M.
21. I hereby certify that I attended the deceased from 9
30, 1944, to 10-5, 1944
that I last saw her alive on 10-5, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John H. Frisbie (dec) 6. (c) Age of husband or wife if alive 94 years
7. Birth date of deceased: (Month) 3 (Day) 30 (Year) 1878

Immediate cause of death Coronary Decomposition Duration
Due to arteriosclerosis, Coronary
arr. fibrillation
Due to _____
Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 7 Days 2 If less than one day hr. _____ min. _____
9. Birthplace Frankford Mo U
(City, town, or county) (State or foreign country)
10. Usual occupation _____

PHYSICIAN _____
Major findings: Of operations 93d
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Jacob Frisbie 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna Beigel
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs J. Kroeck
(b) Address 213 Military Rd
17. (a) _____ (b) Date thereof 10/18/44
(Burial, cremation, or removal of body) (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Center
18. (c) Signature of funeral director Fengler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) OCT 9 1944 (b) E. G. McHarran M.D.
(Date received local registrar) (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) (2) Means of injury _____
23. Signature H. Meyer M.D. (M. D. or other) _____
Address 601 Brentwood Date signed 10/17/44

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..... *W E Morris*

Licensed Embalmer No. *3360*

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, fact should be so stated above.