

No. 2
1-5-43
5-17-39
I X36671

FILED MAR 14 1945
318

100

Registrar's No. 2001

Registration District No. 318 Primary Registration District No. 100

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:
~~Chas. Naber Lumber Co., Baden, Mo.~~
78 1/2 N. 12th St., St. Louis, Mo.
(If no hospital institution, give street address)

(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARTIN FRISCHMANN

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes (nee Fabschitz)

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 7, 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation Yard Man (Lumber Co.)

11. Industry or business _____

12. Name Joseph Frischmann

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

14. Maiden name Not known

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

16. (a) Informant Mrs. Agnes Frischmann

(b) Address 5515 Plover Avenue

17. (a) Burial (b) Date thereof 3/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAR 1 1945 (Date received local registrar)

J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5515 Plover Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1945 hour 10 minute 10 AM M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Strangulation due to hanging with deceased was suspended from the rafters in the residence of the Charles Naber Lumber Co. 4808 N. Broadway St. St. Louis, Mo. Feb. 27, 1945 at about 10:10 AM

Other conditions (include pregnancy within 3 months of death) Under suspicion from temporary under abnormal

Major findings: Of operations None

Of autopsy None

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) Suicide by hanging

(b) Date of occurrence Feb. 27, 1945

(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? Work

While at work? _____ (Specify type of place)

(e) Means of injury 6. above

23. Signature Patrick E. Raylow (M.D., P., or other)

Address 1300 Clark St. Date signed 3-1-45

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

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

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.