

OCT 14 1939 791
Registration District No. **1002**

Primary Registration District No. _____

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Violet Frost, 673
3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Don't Know
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>About</u>	<u>62</u>			<u>hr. min.</u>

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Richard G. Frost
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Latty Kennett
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thomas Frost
(b) Address 28 N. Clay Ave.

17. (a) Burial (b) Date thereof Sept. 16/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Gas. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) SEP 15 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town Ferguson, Mo. **NR**
(If outside city or town limits, write "RURAL")
(d) Street No. 28 N. Clay Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1939 hour II minute 30 A.M.

21. I hereby certify that I attended the deceased from May, 1932, to Sept 14, 1939;
that I last saw her alive on Sept 14, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic gastric recurrent hyperkinesis heart disease Duration 2 yrs.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: RT lobectomy (1st stage of 2 stage operation) 9/13/39
Of autopsy YES

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) (a) Means of injury _____

23. Signature Willard Bailey (M. D. or other) MD.
Address 607 N. Grand Date signed 9/15/39

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. WITH FATHERLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Willard Bartlett, Jr.
Uni. Club Bldg.,
Je. 5542. 2-4 P.M.

5/13/32

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 Jas. W. Clark

Licensed Embalmer No. I66I

P. O. Address 1125 Hodiament 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, above space should be left blank.