

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34325**
Registrar's No. **8863**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH: **DEPT NOV 13 1939**
(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: **Josephine Heitkamp Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **one week.**
(Specify whether years, months or days)
In this community **74 years.**

3. (a) PRINT FULL NAME **John Frost. 629**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Ellen Quigley Frost.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 27, 1850**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 7 20 hr. min.

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

10. Usual occupation **Master Plumber. 5**

11. Industry or business _____

12. Name **James Frost. 5**

13. Birthplace **Ireland. 5**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Baker.**
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature **Mrs. Lucy A. Leahy**

(b) Address **4027 N. Taylor Ave**

17. (a) **Burial** (b) Date thereof **10-19-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **Oct 18 1939** (b) **J. D. Bruch**
(Date of death) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **1**
(c) City or town **St. Louis. 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **6587 Bradley Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **17th.**
year **1939** hour **5.** minute **35** A.M.

21. I hereby certify that I attended the deceased from **Oct 10**
19**39**, to **Oct 17**, 19**39**.
that I last saw him, alive on **Oct 17**, 19**39**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis**
Hydrocephalus internus
unspecified
Due to **Senility**
Hemiplegia caused by
Cerebral hemorrhage
Duration _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 **P. B. Cappel** (M. D. or optician)

Address **3239 Franklin Ave** Date signed **10-18-39**

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

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.

For Certificate
3239
10-12

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 H Van Matre*.....
Licensed Embalmer No. *2825*
P. O. Address. *4340 Lafayette*

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.