

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19075

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 972

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Vineta Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8108 Washington Street
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Cora Margaret Frost.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Curtis E. Frost. 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 31, 1888.
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 6 If less than one day hr. _____ min.

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

10. Usual occupation Housewife at home

11. Industry or business _____

12. Name Frank Meredith.

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

14. Maiden name Anna I. Etheridge.

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

16. (a) Informant Master Sargent Curtis E. Frost
(b) Address 8108 Washington Street.

17. (a) Burial (b) Date thereof 5-9-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) MAY - 8 1941 (b) DR Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Vineta Park
(If outside city or town limits, write "RURAL")

(d) Street No. 8108 Washington Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th.
year 1941 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from Feb. 17, 1941, to May 6, 1941;
that I last saw her alive on May 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration over 8 months

Due to _____

Due to Plural effusion, ascites 2 weeks

Other conditions Plural effusion, ascites
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none

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 Edward J. Kloess (M. D. or other) MD
Address 4243 Deming Ave., St. Louis Date signed 5-7-41

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

96
00

96
3
3

Duration
over 8 months
2 weeks
PHYSICIAN
Underline the cause to which death should be charged statistically.

JUL 23 1941

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 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. Hou

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.