

Registration District No. **60**

Primary Registration District No. **3090**

Registrar's No. **68**

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

1. PLACE OF DEATH:

(a) County Jefferson

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

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

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Elizabeth Ann Frost

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Duncan B. Frost

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

7. Birth date of deceased July 26 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 10
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name James Brierton

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Byrne

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harold Critchfield

(b) Address 209 S. Hubbard Lane, Louisville, Ky.

17. (a) Burial (b) Date thereof 9-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Catholic Ceme.

18. (a) Signature of funeral director H. S. Vinyard

(b) Address Festus Mo.

19. (a) Sept. 9, 1943 (b) H. P. C. Weier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus 050
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1943 hour 10 minute - P. M.

21. I hereby certify that I attended the deceased from June 6 to Sept 6 1943
that I last saw her alive on Sept 6th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Hypertension and
General arterio-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 8301

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 H. C. Connerford M.D. (Physician's name or other)
Address City of Festus Mo. Date signed 4/4/43

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.....

A. St. Vincent

Licensed Embalmer No.....

3010

P. O. Address.....

Festus 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.