DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15749

State File No. 6

FILED MAY 13 1944

Registration District No. 2977

Primary Registration District No. 6076

Registrar's No. 1069

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution Adm. April 18, 1944 (Specify whether
In this community Since April 18, 1944
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County - -

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

(d) Street No. 1811 N. 56th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FROST, Samuel J.

3. (b) If veteran, name war SPAW

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~XXXXXX~~ wife Mrs. Emilie Frost,

6. (c) Age of ~~XXXXXX~~ wife if alive Unknown years

7. Birth date of deceased January (Month) 27, (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	3	11	hr. min.

9. Birthplace Mount Vernon, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business - - -

FATHER
12. Name Joseph Frost,
13. Birthplace Unknown (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Carpenter,
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant M. Schillig Cl.Clk.,
(b) Address Vets.Adm.Fac., Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-1944 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery, Jefferson Barracks, Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) MAY 11 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY 11 day 8th
year 1944 hour 8:50 PM. minute M.

21. I hereby certify that I attended the deceased from April 18, 1944 to May 8, 1944
that I last saw him alive on May 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
EMPYEMA, PLEURAL RIGHT.	Abt.11-das
Due to PNEUMONIA, LOBAR, RIGHT.TYPE "D"	UNKN.
Due to	
Other conditions ARTERIOSCLEROSIS, GENERALIZED. (Include pregnancy within 3 months of death)	UNKN.
SENILITY.	UNKN.

Major findings:
Of operations 5-6-44 Thoracentesis, right.
Of autopsy No autopsy. 10Y

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) No

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J.M. COCHRAN, LT.COL.M.C., (M. D. or other)
Address CHIEF MEDICAL OFFICER, Jefferson Barracks, Mo. Date signed 5-9-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay ferry rd

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.