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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 7 1946
318

Registration District No. 318
Primary Registration District No. 1003

Registrar's No. 1971

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:
2224a Madison St.
(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)

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

3. (a) PRINT FULL NAME Mary Frost

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 Widowed

6. (b) Name of husband or wife John Frost

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

7. Birth date of deceased Sept. 7 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 5 18 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Mike Maszka

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Andrew Frost

(b) Address 2224a Madison St.

17. (a) Removal (b) Date thereof 2-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Radon, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 27 1946 J. B. Buresh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2017

(d) Street No. 2224a Madison St. 9
(If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1946 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec 20/46
_____ 19____, to Feb 25 1946
that I last saw her alive on Feb 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Aneurysm Duration 1 day

Due to 1/31

Due to 1/31

Other conditions Ch. nephros Arteriosclerosis Hypertension
(Include pregnancy within 3 months of death) 3mo

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 2/27/46

23. Signature [Signature] (M. D. or other) _____

Address 1875 Maudea Date signed _____

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

6410

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 Elmo R Caldwell

Licensed Embalmer No. 4077

P. O. Address.....

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.