S. No. 300
v. 10.48

FILED OCT 8 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32945

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8769

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHNS HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES 45 77
d. STREET ADDRESS (If rural, give location): 723 LACLEDE STATION ROAD

**3. NAME OF DECEASED** (Type or Print)
a. (First) b. (Middle) c. (Last): SISTER MARY CARMELITA FROST R.S.M.

**4. DATE OF DEATH** (Month) (Day) (Year): SEPT. 18-1952

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): SINGLE
**8. DATE OF BIRTH**: JAN 10, 1896
**9. AGE** (In years last birthday): 56 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): RELIGIOUS
**10b. KIND OF BUSINESS OR INDUSTRY**: TEACHER
**11. BIRTHPLACE** (State or foreign country): MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: JAMES FROST
**13b. MOTHER'S MAIDEN NAME**: VICTORIA BARDOTT
**14. NAME OF HUSBAND OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Sister M. Alfred - 723 Laclede Station Rd

**18. CAUSE OF DEATH** — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchn. Pneumonia (Aspiration type) — Interval between onset and death: One week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Paralysis of muscles of swallowing and vocal cords. — 2 Month
DUE TO (c) Metastatic Carcinoma of Bulbar & Cervical region — 3 Month ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 170X

22. *I hereby certify that I attended the deceased from* Aug 8, 1952, *to* Sept 18, 1952, *that I last saw the deceased alive on* Sept. 18, 1952, *and that death occurred at* 11a. *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: A. P. Wunsch (Degree or title): MD
**23b. ADDRESS**: 306 Humboldt Bldg. St Louis
**23c. DATE SIGNED**: Sept. 19, 1952

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: SEPT. 20-1952
**24c. NAME OF CEMETERY OR CREMATORY**: Sisters of Mercy Cem.
**24d. LOCATION** (City, town, or county) (State): Webster Groves, Mo.

DATE REC'D BY LOCAL REG.: SEP 19 1952
REGISTRAR'S SIGNATURE: Hal Smith M.D.
**FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: P. L. Mullen Und Co. 5165 Delmar Blvd.
(Licensed Embalmer's Statement on Reverse Side)

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

Brent Primary

## 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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed ✓ Ronald A Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.