No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 30 1955

State File No. 20035

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4585

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
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): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Ladue 43
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 46 Picardy Lane 4431

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): Henry
c. (Last): Frobase

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1955

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Aug. 9, 1902

9. AGE (In years last birthday): 52
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): Claims attorney;
10b. KIND OF BUSINESS OR INDUSTRY: Am.Assoc.Ins., Co

11. BIRTHPLACE (City and State or Foreign Country): Collinsville, Illinois 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frederick Frobase.

13b. MOTHER'S MAIDEN NAME: Louise Hoffman.

14. NAME OF HUSBAND OR WIFE: Helen Conklin Frobase.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 494-10-2396

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Dale Knight. 9023 Eager Road.

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) Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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? 2044

22. *I hereby certify that I attended the deceased from* May 20, *19* 55, *to* May 23, *19* 55, *that I last saw the deceased alive on* May 23, *19* 55, *and that death occurred at* 11:20 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE C. J. Vermillion M.D. **(Degree or title)** M. D. 0

23b. ADDRESS BARNES HOSPITAL

23c. DATE SIGNED 5/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/26/1955

24c. NAME OF CEMETERY OR CREMATORY: Lakewood Park Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: MAY 24 1955

REGISTRAR'S SIGNATURE: Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: C.R.Lupton & Sons; 7233 Delmar Blvd

mgb

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Clarence H. Murra

Licensed Embalmer No. 40

P. O. Address So. Spec

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.