

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39397
STATE FILE NUMBER
9950

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis-5		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Charles		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Length of stay in lb		d. STREET ADDRESS (If outside, give location) BARNES HOSPITAL
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> Clinton E. Frost			4. DATE OF DEATH <i>Month Day Year</i> 10 30 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 2, 1926		9. AGE (In years last birthday) 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Inspector		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft Corp.		11. BIRTHPLACE (City and state or country) Youngstown, Ohio	
13. FATHER'S NAME Clinton E. Frost			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 266-34-9844		17. INFORMANT Nannette Frost Address St. Charles, Missouri
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitis					INTERVAL BETWEEN ONSET AND DEATH 18 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260x					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY <i>Hour, Month, Day, Year</i> <i>a. m. p. m.</i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8/23/56 to 10/30/56 and last saw ^{her} _{him} alive on 10/30/56 Death occurred at 4:50 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F.R. Bradley M.D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 10/31/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 1-1956		23c. NAME OF CEMETERY OR CREMATORY St. Petersburg, Florida	
24. FUNERAL DIRECTOR Prinster Hughes F.H. St. Charles, Mo.			25. DATE RECD. BY LOCAL REG. 067 31 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. <i>J.C.S.</i>

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.....
Signature of Student Embalmer

Signed *Gene H. Hutchens*

Licensed Embalmer No. *49*

P. O. Address *Flommsub*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.