14 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33554

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 1801

1. PLACE OF DEATH: 2

(a) County St. Louis,

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

(c) Name of hospital or institution:
807 Jackson Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri. (b) County St. Louis,

(c) City or town University City,
(If outside city or town limits, write "RURAL")

(d) Street No. #807 Jackson Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Florence Mary Frost. 623

3. (b) If veteran, name war

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 W. H. Frost.

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

7. Birth date of deceased March, (Month) 23, (Day) 1873. (Year)

8. AGE: Years 66. Months 6. Days 20. If less than one day hr. min.

9. Birthplace Council Grove, (City, town, or county) Kansas. (State or foreign country)

10. Usual occupation At Home.

11. Industry or business 1

FATHER
12. Name John M. Wimer.
13. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Sarah A. Million.
15. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant's own signature Geo. W. Xander
(b) Address #807 Jackson Avenue.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 10-16-39 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address #7233 Delmar Boulevard.

19. (a) OCT 14 1939 (Date received local registrar) (b) C R Meyer M D Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1939 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1939, to Oct 13, 1939;
that I last saw her alive on Oct 12, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis of Overbrook Vessels.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

97

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1203 [illegible] Date signed 10/13/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2-3 P.M.

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

Don Masclang, Registered Apprentice No. #219

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, M

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

If this body is not embalmed, above space should be left blank.