

No. 2
1-4-41
17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36204
Registrar's No. 2242

FILLED NOV 17 1941
Registration District No. 27

Primary Registration District No. 27D

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5305 Englewood
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5305 Englewood 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lily H. 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 Frank

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

7. Birth date of deceased Dec. 24 1866
(Month) (Day) (Year)

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

74	10	10	hr. _____ min.
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9. Birthplace Fidelity Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name G.W. Harold

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

14. Maiden name Nancy Richardson

15. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Butler

(b) Address 5305 Englewood

17. (a) Burial (b) Date thereof 11-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Mo.

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

(b) Address 4700 Washington Ave.

19. (a) NOV 6 1941 (b) H. McEwen, R.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 4
year 1941 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from 4/29/38
_____ 19____ to 11/4 1941

that I last saw her alive on Nov. 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial insufficiency
Coronary occlusion

Due to Chronic atherosclerosis

Due to heart disease

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy _____

Duration _____

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 fall

23. Signature H. McEwen (M.D. or other)

Address 634 No Grand Av Date signed 11/4/41

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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 Greg W. Wilkinson

Licensed Embalmer No. 3575

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.