

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH  
 (a) County St. Louis  
 (b) City or town Afton  
 (If outside city or town limits, write "RURAL," and name of township)  
 (c) Name of hospital or institution:  
5639 Willard 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: 96  
 (a) State Missouri (b) County 0  
 (c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 0  
 (d) Street No. 5639 Willard Ave (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Anna Frolo  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 8  
 year 1943 hour 2 minute 30 AM.  
 21. I hereby certify that I attended the deceased from Apr 4  
1943 to Apr 5, 1943  
 that I last saw her alive on April 5, 1943  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John Frolo  
 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased Jan. 7, 1888  
 (Month) (Day) (Year)

Immediate cause of death Tobacco Myocarditis  
 Due to Influenza  
 Duration 1 day  
 Due to \_\_\_\_\_ 2 days  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
55 1 27 hr. 6 min.

PHYSICIAN  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy 330  
 Underline the cause to which death should be charged statistically.

9. Birthplace Czechoslovakia  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name John Pavlovic  
 13. Birthplace Czechoslovakia  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Niklas  
 15. Birthplace Czechoslovakia  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Frolo  
 (b) Address 5639 Willard Ave.  
 17. (a) Burial (b) Date thereof 3/9/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Concordia  
 18. (a) Signature of funeral director Wm. S. Moyall  
 (b) Address 1926 Allen Ave.  
 19. APR 8 1943 (Date received local registrar)  
E. J. McQuinn (Registrar's signature)

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 \_\_\_\_\_  
 23. Signature Ed. Fester (M. D. or D. O.)  
 Address 439 Bates Str 0 Date signed 3/6/43

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

96  
00  
00

FILED MAY 6 1943

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 allen ave

**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.**