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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5309
Registrar's No. 5309

FILED JUN 26 1946
318

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Theresa Frost

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female / 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Frost 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 16 1907
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Nashville Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Kozuszek 4

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

14. Maiden name Mary Przybilski

15. Birthplace Toledo Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Frost

(b) Address 5455 Plover ave

17. (a) Burial (b) Date thereof 6/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co.

(b) Address 1841 Cass ave

19. (a) J. F. Bredek (b) J. F. Bredek
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5455 Plover ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1946 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 8, 1946, to June 13, 1946
that I last saw her alive on June 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure 1 wk
Chr. Rheu. Endocarditis 6 yrs

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) giz

Major findings:
Of operations.....
Of autopsy.....

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?

23. Signature Shakada (M. D. or other)
Address 505 Humboldt Bldg Date signed 6/17/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 W. 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.