

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21039**
5923
Registrar's No. _____

FILED JUL 15 1949

REG. DIST. NO. **318**

PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY b. (Middle) HELEN c. (Last) FROST		4. DATE OF DEATH (Month) (Day) (Year) July 4, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 13, 1913
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? 0
13a. FATHER'S NAME Ike Morris		13b. MOTHER'S MAIDEN NAME Marie Wuschke	14. NAME OF HUSBAND OR WIFE Robert Frost
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Frost-4537a Wichita Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of chest self inflicted in his home January 8 1949 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suicide	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. Mo. Mo.	21f. HOW DID INJURY OCCUR? E 974X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) July 8 49	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:05P m., from the causes and on the date stated above.	
23. SIGNATURE Walter Perry		23b. ADDRESS 1500 Clark	23c. DATE SIGNED 7/5/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/7/49	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
DATE REC'D BY LOCAL REG. III 6	REGISTRAR'S SIGNATURE J. B. Paster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 So. Kingshighway	

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed William B White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4225 S. Kings Highway

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.