

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

2784

State File No. ....

5051  
FILED JAN 26 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0129**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2245</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2223a Cherokee</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frederick</b>		b. (Middle) <b>William</b>		c. (Last) <b>Frost, Jr.</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>1 6 54</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>			
7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>		8. DATE OF BIRTH <b>1-6-54</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins. <b>2</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Frederick William Frost</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Perschbacher</b>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <b>Fred W. Frost</b>		ADDRESS <b>2223a Cherokee</b>					
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) <b>Congenital Deformity</b> 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. <b>Premature Labor</b>				INTERVAL BETWEEN ONSET AND DEATH —	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <b>750X</b>		22. I hereby certify that I attended the deceased from <b>1/6, 1953</b> , to <b>1/6, 1953</b> , that I last saw the deceased alive on <b>1/6, 1953</b> , and that death occurred at <b>8:35 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Hugh R. Smith M.D.</b>		23b. ADDRESS <b>607 N. Grand.</b>		23c. DATE SIGNED <b>1-6-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/7/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>			
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo.</b>		DATE REC'D BY LOCAL REG. <b>JAN 6 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>			
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Schumacher</b>		ADDRESS <b>3013 Meramec</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

10/10/1937

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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 ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Jack Haupt*  
Licensed Embalmer No. 47  
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.