

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6474**

318

PRIMARY REG. DIST. NO. **1003** Registrar's No. **1356**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (NORTHWOODS) OR TOWN = PINE-LAWN =	
d. FULL NAME OF HOSPITAL OR INSTITUTION: DE-PAUL-HOSPITAL		e. STREET ADDRESS (If rural, give location) 6622-HAZEN-ST.	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN-ALPHONSIS b. (Middle) - c. (Last) FROST.			4. DATE OF DEATH (Month) (Day) (Year) FEB. 6TH 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 7TH 1923
9. AGE (In years last birthday) 32 YRS.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PATERN-MAKER	10b. KIND OF BUSINESS OR INDUSTRY SUPERIOR-SHOE PATERN CO
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOHN-FROST.		13b. MOTHER'S MAIDEN NAME ANNA-KOBIERSKA	
14. NAME OF HUSBAND OR WIFE GENEVIEVE-FROST.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES. WORLD-WAR #2	
16. SOCIAL SECURITY NO. 486-22-4352		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GENEVIEVE-FROST. 6622-HAZEN-ST.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Congestion (Traumatic?); whether as the result of injury suffered while removing chains from ear, or other cause, could not be determined	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE Verdict		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 493XF			
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 1:05 p. m., from the causes and on the date stated above.			
23a. SIGNATURE James M Keely (Name or title) Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 2-8-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB. 9TH 1956	
24c. NAME OF CEMETERY OR CREMATORY NATIONAL-CEMETERY.		24d. LOCATION (City, town, or county) (State) ST. LOUIS (COUNTY) MO.	
DATE REC'D BY LOCAL REG. FEB 8 1956		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. Brockland		ADDRESS Und. Co. 1827-HOGAN-ST.	

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

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. 37

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.