MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37930

JAN 26 1928

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township — Primary Registration District No. 3036 — Registered No. 196
City St Charles (No. St Josephs Hospital St. Ward)

2. FULL NAME Ralph Monroe
(a) Residence. No. 819 South 2nd St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5-1911

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
16	9	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hawk Point
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER George P. Monroe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hawk Point
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Gussie Newman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warrenton
(STATE OR COUNTRY) Mo

14. INFORMANT Geo. P. Monroe
(Address) 819 South Second St.

15. FILED 12-30, 1927 Otto Bockemeier
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29th 1927

17. I HEREBY CERTIFY, That I attended deceased from December 18th, 1927, to December 29, 1927, that I last saw him alive on December 29th, 1927, and that death occurred, on the date stated above, at 3.05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Ruptured Appendicitis
121A General Peritonitis
123A
129 (duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) Gangrene of ileum
(duration) yrs. mos. 3 ds.

1178

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home - 819 S. 2nd
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec. 18th + 21st 1927.
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Operations and Autopsy
(Signed) B. L. Neubeiser, M.D.
Dec. 30, 1927 (Address) St. Charles, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hawk Point Cem.
DATE OF BURIAL: Dec 31 1927

20. UNDERTAKER: H. Dallmeyer & Sons Co
ADDRESS: St Charles Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.