

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 1001  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Albanian Bazaar) St. 11 Ward

File No. 25319  
 Registered No. 7124

**2. FULL NAME**

John J. Monroe  
 (a) Residence No. 726 Fox Ledge St. 24 Ward. Collinsville Ill.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Sarah Monroe.  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1860  
 7. AGE: YEARS 68 MONTHS 4 DAYS 24 IF LESS than 1 day, ..... hrs. or ..... min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Dahlgren  
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Oliver W. Monroe  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
 (STATE OR COUNTRY) Indiana  
 12. MAIDEN NAME OF MOTHER Rebecca Aldrich  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
 (STATE OR COUNTRY) West. Mass.

14. INFORMANT Mrs. Jas. O. Monroe  
 (Address) - Collinsville Ill.

15. FILED JUL - 3 1928  
W. C. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 - 1928  
 17. I HEREBY CERTIFY That I attended deceased John J. Monroe from July 8 - 1928 to July 8 - 1928 that I last saw him alive on July 8 - 1928, and that death occurred, on the date stated above, at 7:50 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis  
Chronic interstitial nephritis  
9:30  
 CONTRIBUTORY (SECONDARY) 1290 (duration) 3 yrs. mos. da.  
 (duration) ..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Inda. Ill.  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? NO DATE OF.....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical  
Dr. William J. Hyatt M. D.  
 (Address) July 8, 1928 4101 1/2 Olive

\*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 Mt. Vernon Ill. DATE OF BURIAL 7-10 1928

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Easton

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.

