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

Do not use this space.

11251

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. 5535, Delmar St. ..... Ward)

File No. ..... Registered No. 3316

2. FULL NAME Lamar L. Monroe

(a) Residence. No. 1809 South Compton St., 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 3 - 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	—	28	

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

9. BIRTHPLACE (CITY OR TOWN) Raymond Miss
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James L. Monroe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Key

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Cecilia Monroe
(Address) 1809 S. Compton

15. FILED APR 2 1930, 19 Alex C. Stark
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1930

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1929, to March 31, 1930, that I last saw him alive on March 31, 1930, and that death occurred, on the date stated above, at 3 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver
34 Chronic Myocarditis
174B
93C (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Syphilis (duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED unknown

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Wassermann ++

(Signed) George H. Wood, M. D.

, 19 (Address) St. Luke's Hospital

*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 Park Lawn

DATE OF BURIAL April 3 1930

20. UNDERTAKER Frank Westlake

ADDRESS 3125 Ga/ Wyatt

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.

THIS IS A PERMANENT RECORD