

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

Do not use this space.

16389

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. Deaconsess) Keap

File No.....
Registered No. **4901**
St..... Ward.....

2. FULL NAME

(a) Residence. No. Hennige Apt. 19 St., 19 Ward.
(Usual place of abode) 4458 Washington (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 24, 1863</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>9</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Chemist</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Prop. Drugstore</u> (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Greensburg Ind.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>David Monfort</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Hamilton Ohio</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Jeanette Cunningham</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Sheron Ohio</u> (STATE OR COUNTRY)

14. INFORMANT E. M. Monfort
(Address) Greensburg Ind.

15. FILED 1931 1931
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1931 to Mar 22 1931 that I last saw him alive on Mar 22 1931, and that death occurred, on the date stated above, at 7:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera
12/6 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF 4/20/31

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. H. Thompson, M.D.

*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 Greensburg Ind. DATE OF BURIAL 4/24 1931

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Blairmont