

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

Do not use this space.

19272

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township Richmond Heights

Primary Registration District No. 6248 N

File No. _____

Registered No. 140

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 137 Truxedo St. _____ Ward. Webster Brown Mo

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Thos J Monroe

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 4 1854

7. AGE

YEARS 76

MONTHS 10

DAYS 27

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Boston

(STATE OR COUNTRY) Mass

10. NAME OF FATHER

Edwin B Daniels

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Vermont

12. MAIDEN NAME OF MOTHER

Christine Blandford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

England

(STATE OR COUNTRY) 8

14.

INFORMANT Randall B Monroe

(Address) 431 Truxedo

15.

FILED 6/2 1931 E B Jensen

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

7

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1931

17. I HEREBY CERTIFY, That I attended deceased from
Jan. 15 1931, to May 30 1931
that I last saw her alive on May 20 1931, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteriosclerosis - gangrene of leg, thrombosis of femoral artery and vein up to iliac + thoracic in left ventricle - clots in lungs.

CONTRIBUTORY (SECONDARY) anemia - 10% Hb
(duration) yrs. mos. ds. 996

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) W. Alexander M. D.

(Address) Webster Brown
*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 Valhalla **DATE OF BURIAL** June 3 1931

20. UNDERTAKER Parker and Co **ADDRESS** Webster Brown

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.

1931 JUN 28 1931

1511 *Handwritten text*