

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.

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

Do not use this space.

✓ 2793
File No. _____
Registered No. **495**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **787**
Township _____ Primary Registration District No. **10138**
City **St. Louis** (No. **5639**, Page **Ave**)

2. FULL NAME

George Ann Monroe
(a) Residence, No. **5639** Page Ave St. **6** 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 Female	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 Charles Stanley Monroe		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1847		
7. AGE	YEARS 84	MONTHS 10
	DAYS 26	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Home	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 5		
MOTHER FATHER	13. NAME Clement A. Dickson	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada	
	15. MAIDEN NAME Elizabeth Stuart	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada	
17. INFORMANT (ADDRESS) William D. Monroe 5639 Page Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ill DATE Jan. 17, 1932		
19. UNDERTAKER (ADDRESS) A. Lehmann 1000 1/2 Union Blvd		
20. FILED JAN 16 1932 W. E. Taylor Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 15, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 18, 1931** to **Jan 15, 1932**
I last saw him alive on **Jan 14, 1932** Death is said to have occurred on the date stated above, at **12:50 P. M.**
The principal cause of death and related causes of importance were as follows:
Valvular Heart Disease
Chronic nephritis
Date of onset **131 2/28 131**

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **①** Date of injury _____, 19____
Where did injury occur? **①** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) **Edwin** _____, M. D.
(Address) **701 Century Bldg. St. Louis 22**

Handwritten text at the top of the page, possibly a title or header, which is mostly illegible due to blurring and low contrast. Some characters are difficult to discern but appear to be in a cursive or handwritten style.