

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

Do not use this space.

34152

1. PLACE OF DEATH

County St. Louis Registration District No. 4
 Township St. Louis Primary Registration District No. 11
 City St. Louis (No. 3640) Central Ave. St. 11 Ward

File No. 9508
 Registered No. 9508

2. FULL NAME

(a) Residence, No. 3140 Central Ave., St. 11 Ward. (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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Monroe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16, 1873</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>8</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Waterman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louiseville Ky.</u>		
MOTHER	13. NAME <u>William Monroe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louiseville Ky.</u>	
	15. MAIDEN NAME <u>Max Brown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Margaret Monroe</u> (ADDRESS) <u>3640 Central Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathedral Bldg.</u> DATE <u>Oct. 27, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>2140 Grand Blvd.</u>		
20. FILED <u>OCT 26 1932</u>		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25-1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th, 1932 to Oct 25th, 1932
 I last saw h. 19 alive on Oct 25, 1932 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1931
131
99/31
99 (1)

Other contributory causes of importance:

Arteriosclerosis 1928
Myocardial Infarction 1928
Hypertension 1928

Name of operation _____ Date of _____
 What test confirmed diagnosis? Stap Ex Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (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? No
 If so, specify _____
 (Signed) Frederic J. Meder M. D.
 (Address) 4114 W. Florissant

Registrar.

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.

