

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 881
Township..... Primary Registration District No. 1000
City St. Louis (No. 5322, Wells Ave.) St. Ward

File No. 41682
Registered No. 10750

2. FULL NAME

(a) Residence, No. 5322 Wells 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 Male 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 Minnie R. Monfort.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Estimator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 260
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) Middletown Ohio

13. NAME Henry Monfort.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know. 31

15. MAIDEN NAME Don't know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know.

17. INFORMANT Mr. Frank Monfort. (ADDRESS) 6530 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Dec. 6, 1932

19. UNDERTAKER Geo. L. Pleitsch Inc. (ADDRESS) 659 66 Chestnut Ave.

20. FILED DEC - 5 1932 Max Crabtree Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1932, to 12-3, 1932

I last saw h. alive on 12-3, 1932 Death is said

to have occurred on the date stated above, at 9:55 P.M.

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

Lobar Pneumonia, Left Date of onset 11-28-32
Laminar Plebe
108
108
108
Other contributory causes of importance:
Seizure (D)

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?..... 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?.....

If so, specify.....

(Signed) O. P. Hauptmann, M. D.

(Address) 6635 Delmar

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

Wm. W. ...
8 to 12.
