FEB 23 1937

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

Do not use this space.

File No. 3025

Registered No. 29

1. PLACE OF DEATH

County St. Louis Registration District No. 790

Township Clayton Twp. Primary Registration District No. 6033a

City Clayton (No. 6670, Easton Via St. Louis County Hospital Ward)

2. FULL NAME William Monroe

(a) Residence, No. 1812 Cora Ave. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper 7 87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture and Moving

10. Date deceased last worked at this occupation (month and year) Jan. 23. 37

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Fort Wayne (STATE OR COUNTRY) Indiana 2

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. 31

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown 31

17. INFORMANT Mrs. Rose Monroe (ADDRESS) 1812 Cora Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zions Cemetery. DATE Jan. 26. 37 19

19. UNDERTAKER Benneck Nechaus (ADDRESS) 1130 N 7th St

20. FILED 1/25 19 37 Dra J Lynoccu Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23.1937 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 30 p m.

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

	Date of onset
Chronic Valvular Disease (Mitral Regurgitation)	1/23/37

Other contributory causes of importance: Acute Dilatation of the heart.

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Jno. F. Connell M. D.

(Address) Coroner St. Louis Co.

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.

1001 (3-28-3)