

JAN 10 1938

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

43647
Do not use this space.

791
1003

11897
Registered No.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Lou is Mo. (d) Street No. St. Lukes Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Calvin Dean Monroe

(a) Residence, No. St. **NR** Crown Point Ind.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-10-1927</u>		
7. AGE	YEARS	MONTHS
	<u>10</u>	<u>5</u>
		DAYS
		<u>14</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Scholar</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-37. 19
22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1937, 19... to Dec. 24, 19...
I last saw him alive on Dec. 23, 19... Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:

Tumor of Brain
Reliquant

Date of onset

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? 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) J. H. ..., M. D.
(Address) ...

12. BIRTHPLACE (CITY OR TOWN) Crown Point
(STATE OR COUNTRY) Ind.

FATHER 13. NAME Fred Monroe

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

MOTHER 15. MAIDEN NAME Caroline Boldt

16. BIRTHPLACE (CITY OR TOWN) Crown Point
(STATE OR COUNTRY) In d.

17. INFORMANT Caroline Monroe
(ADDRESS) Crown Point Ind. R.R. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Point Ind. DATE 12-24-1937

19. FUNERAL DIRECTOR Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED DEC 27 1937 J. G. Buddeck
Local 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.

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1-1-1 X12006

320 N. Main
Green 19384

STATEMENT BY LICENSED EMBALMER

I, jos. E McCulloch, Licensed Embalmer No. 2460

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E.

No. _____ by Carl Huck, Registered Apprentice No. _____
working under my personal supervision.

Signed jos. E. McCulloch
Licensed Embalmer No. 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)