

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
STANDARD CERTIFICATE OF DEATH

State File No. 30180

SEP 7 1939

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1498

1. PLACE OF DEATH: 1
 (a) County St. Louis
 (b) City or town Kochs Landing (Kochs)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Robert Koch Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mo. 2 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 1
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4427 Purvance
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Florence Monaghan
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 20
 year 1939 hour 3 minute 15 P. M.
 21. I hereby certify that I attended the deceased from 4-29-
1939, to 8-20, 1939;
 that I last saw her alive on 8-20, 1939;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Vincent J. Monaghan
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 1 21 1900
 (Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration 1936
 Due to _____
 Due to 20 = _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy Pulmonary Tuberculosis

8. AGE: Years 39 Months 6 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Comptometer operator

11. Industry or business _____

MOTHER FATHER { 12. Name William J. Tobin

13. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Catherine E. Allen

15. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Koch Hospital Records

(b) Address _____

17. (a) Burial (b) Date thereof 8/23/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) AUG 22 1939 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S. J. Harce (M. D. or other)

Address Robert Koch Hospital Date signed 8-23-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
.....
working under my personal supervision.

Signed.....

.....
.....
Licensed Embalmer No. 2265

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.