

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4515 Maryland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County _____
(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL")
(d) Street No. #4515 Maryland, Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1940 hour 10:15 P.M. minute 0 M.

21. I hereby certify that I attended the deceased from _____, 1939, to June 9, 1940;
that I last saw him alive on June 9th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion.
Coronary Heart Disease

Duration

2 yrs.

Due to Coronary Arteriosclerosis.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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 Louis J. Cuthbert (M. D. or other) _____
Address 2222 Washington, Helms Dr. Date signed 6-10-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Harry Lee Monroe. 560

3. (b) If veteran, name war none. 3. (c) Social Security No. _____

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Laura M. Monroe. 6. (c) Age of husband or wife if alive 56. years

7. Birth date of deceased Dec. 1st, 1863.
(Month) (Day) (Year)

8. AGE: Years 76. Months 6. Days 8th If less than one day _____ hr. _____ min.

9. Birthplace Booneville, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation President.

11. Industry or business Front Realty Co.

12. Name John Monroe.

13. Birthplace (Unknown) Virginia.
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Tutt.

15. Birthplace (Unknown) Virginia.
(City, town, or county) (State or foreign country)

16. (a) Informant Laura M. Monroe.

(b) Address 4515 Maryland.

17. (a) Cremation (b) Date thereof 6-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Bly'd.

19. (c) JUN 10 1940 (b) _____
(Date received local registrar) (Signature)

3720 Washington
1:30 - 4 P.M.
SE - 7964

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 Clarence A. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo

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.)

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