S. No. 2
—11-10-39
. 5-17-39
I X21492

FILED AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23268

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5713

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

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: H G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3528 Market 0 18
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Isaiah Monroe 560

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race COL

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HATTIE

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 10 (Month) 24 (Day) 1887 (Year)

8. AGE: Years 52 Months 9 Days 9 If less than one day hr. min.

9. Birthplace MEMPHIS (City, town, or county) TENN (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name ISAIAH MONROE
13. Birthplace MEMPHIS (City, town, or county) TENN (State or foreign country)

MOTHER
14. Maiden name KISANNA WILSON
15. Birthplace MEMPHIS (City, town, or county) TENN (State or foreign country)

16. (a) Informant HATTIE MONROE
(b) Address 4434 Rutgers Bridgeway

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director PEOPLES BURIAL LEAGUE
(b) Address 3100 FRANKLIN AVE

19. (a) JUL 5 1940 (Date received local registrar) (b) J. F. Frederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1940 hour 9:08 minute A M.

21. I hereby certify that I attended the deceased from July 26, 1940, to July 2, 1940; that I last saw him alive on July 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Colon c Acute Intestinal Obstruction Acutely	1 yrs 2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. Amc Donald (M.D. or other)

Address 2601 N Whittier Date signed 7/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Powell.

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin.

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.