No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 26881 6777

Registration District No. 791

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital (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 O Missouri (b) County

(c) City or town St. Louis 17 (If outside city or town limits write "RURAL")

(d) Street No. 1517 N. Spring Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Betty Jean Monks, 520

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 15 (Day) 1935 (Year)

8. AGE: Years 5 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Charles Monks
13. Birthplace Kaskaskia (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Louise Rayoum
15. Birthplace St. Mary's (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Chas. Monks.

(b) Address 1517 N. Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) AUG 9 1940 (Date of all local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7 year 1940 hour 4 minute 10 p. M.

21. I hereby certify that I attended the deceased from July 26 1, 1940, to Aug 7, 1940 that I last saw her alive on Aug 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis acute (Staphylococcus)

Due to Non Epidemic

Due to

Other conditions Basilar Hemorrhage (Include pregnancy within 3 months of death) due to infection

Major findings:
Of operations

Of autopsy Meningitis Basilar Hemorrhage

Duration

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 P J Manion (M. D. or other)

Address Mo Theatre Bldg Date signed Aug 8 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 Fred Frick

Licensed Embalmer No. 3186

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.