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No. 2
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DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29921
Registrar's No. 7260

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mos. 11 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4139 Maryland Ave.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 7,
year 1941 hour 6:50 minute A. M.
21. I hereby certify that I attended the deceased from May
27, 1941 to September 7, 1941;
that I last saw her alive on September 7, 1941,
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 Married
6. (b) Name of husband or wife Joseph Monti. 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased August 22nd, 1909
(Month) (Day) (Year)

Immediate cause of death Carcinoma of cervix
Duration _____
Due to _____
Due to _____

8. AGE: Years 32 Months 0 Days 5 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) H/O
Major findings: Of operations _____
Of autopsy _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation At Home.

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Jerome Couwels,
13. Birthplace Belgium.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Van Hoogstraat
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Ewing.
(b) Address 4734 Genevieve Ave.

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?
Cemty

17. (a) Burial (b) Date thereof Sept. 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) SEP 8 1941 (b) J.P. Brudeck
(Date received final report) (Registrar's signature)

23. Signature Michael M. Karl (M. D. or other) D
Address 1515 Lafayette Ave. s.s. Date signed 9/8/41

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

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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.....

W.A. VanMatre

Licensed Embalmer No.

2825

P. O. Address.....

4848 Lafayette

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, fact should be so stated above.