

FILED OCT 14 1942  
Registration District No. 318

Primary Registration District No.

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:  
St. Luke's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community 3 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5628 Enright Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Lawrence Monahan

3. (b) If veteran, name war None 3. (c) Social Security 329-10-1692

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

6. (b) Name of husband or wife Thelma 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Mar 7th. 1894  
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 23 hr. min.

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

10. Usual occupation Clerk

11. Industry or business Unemployed

12. Name Thomas Monahan

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

14. Maiden name Catherine Fox

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

16. (a) Informant Mrs. Thelma Monahan

(b) Address 5628 Enright Ave

17. (a) Burial (b) Date thereof 10/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cent

18. (a) Signature of funeral director Harrigan & Sheahan Und Co.

(b) Address 4415 Washington Blvd

19. (a) OCT 2 1942 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th  
year 1942 hour 12:20 AM minute M.

21. I hereby certify that I attended the deceased from March 28, 1940 to Sept. 30, 1942;  
that I last saw him alive on Sept. 29, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous non-tuberculous pneumothorax, left  
Due to Bronchial asthma  
Duration 10 days  
3 years

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?

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

23. Signature Hiram Hurst (M. D. or other) MD  
Address 3720 Washington Blvd Date signed 10/2/42

844

Dr. Fritz  
3720 Michigan  
180 - 5th Street

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

**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.**