

ED JUL 8 1943 318

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Registration District No. _____ Primary Registration District No. _____ Registrar's 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: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 50 yrs.
(Specify whether years, months or days)

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. 6045 Harney Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Theresa Monshein

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1943 hour 4 minute 30 P. M.

4. Sex Female / race White

5. Color or _____

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

6. (b) Name of husband or wife George Monshein

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 4 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6/27 1943 to 6/26 1943
that I last saw her alive on 6/26 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>2</u>	<u>22</u>	_____ hr. _____ min.

Immediate cause of death Carcinoma of liver
Duration 1 year

9. Birthplace Unknown Austria
(City, town, or county) (State or foreign country)

Due to _____

Due to H/O

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

10. Usual occupation Housewife

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph Jost

(b) Address 6045 Harney

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Joseph J. Jost (M. D. or other) _____
Address 6310 W. Belmont St. Date signed 6/26/43

18. (a) Signature of funeral director Suedmeyer & Son's

(b) Address 3934 N. 20th St.

19. (a) JUL 28 1943 (Date received local registrar) (b) J. R. Beedick (Registrar's signature)

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

MOTHER FATHER

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..... *Alfred J. Boedeken*.....
Licensed Embalmer No. *2663*.....
P. O. Address *5934 Alpha*.....

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.