No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40223

Registrar's No. 11877

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Home of the Friendless, 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 1931 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 15
(If outside city or town limits, write "RURAL")

(d) Street No. Home of Friendless, 4431 S. Bdway.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LAURA MONNIN MADDOX

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown Maddox

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

7. Birth date of deceased December 13, 1851 (Month) (Day) (Year)

8. AGE: Years 92 | Months ~~00~~ 0 | Days 16 | If less than one day hr. min.

9. Birthplace Alsace, France 5
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Maid

11. Industry or business

FATHER
12. Name Frederic Pierre Monnin
13. Birthplace Alsace, France 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Victona Danze
15. Birthplace Alsace, France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jones-Home of Friednless
(b) Address 4431 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 6464 Chippewa St.

19. (a) DEC 30 1943 (Date received local registrar) J. Z. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1931, 19__, to Dec 29, 1943
that I last saw her alive on Dec 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	10 days
Bronchitis	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) no	
Major findings: Of operations no	
Of autopsy no	

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) no
(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)
(e) While at work? — (e) Means of injury 0

23. Signature Chas E. Hyndman (M.D. or other) MD
Address 5720 Washington Date signed 12/30/43

(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 Louis C. Hoffmeister, Registered Apprentice No. _____ working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.