

S. No. 2  
 M-2-43  
 7-5-17-39  
 P-I X33697

30663

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 10 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 313

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

1. PLACE OF DEATH:  
 (a) County Cape Girardeau  
 (b) City or town Cape Girardeau  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Francis Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 days  
 In this community 4 weeks  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Cape Girardeau  
 (c) City or town Cape Girardeau  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 824 Independence St  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBERT V. MONROE  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 24  
 year 1944 hour 8 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from Sept 14 1944, to Sept 24 1944  
 that I last saw him alive on Sept 24 1944  
 and that death occurred on the date and hour stated above.

4. Sex Male 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 (Day) (Year)

Immediate cause of death Cholera colitis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations 119a  
 Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
0 0 28 hr. ✓ min.

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

9. Birthplace Cape Girardeau Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Robert V. Monroe Jr

13. Birthplace Cape Girardeau Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Erma Lehman

15. Birthplace Cape Girardeau Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss R. V. Monroe  
 (b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Sept 26 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys' Cemetery  
 (d) Signature of funeral director Walther Und. Co  
 (e) Address Cape Girardeau Mo

18. (a) 9-26-44 (b) H. W. Phelps  
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_  
 23. Signature J. H. Cochran (M. D. certificate)  
 Address Cape Girardeau, Mo Date signed 9/27/44

1014

RECEIVED

District Health Officer No. 4  
District File Number 1044-4418  
Date Filed 10-9-44

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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

*Virgil H. Welch*

Licensed Embalmer No.

*4102*

P. O. Address

*Cape Girardeau - 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, fact should be so stated above.