

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31785

State File No.

FILED SEP 18 1944

Primary Registration District No. 3068

Registrar's No. 1878

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3415 Oxford Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Edward Monville

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 15, 1849  
(Month) (Day) (Year)

8. AGE: Years 94 Months 10 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

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

MOTHER FATHER { 12. Name Edward Monville  
13. Birthplace Canada  
(City, town, or county) (State or foreign country)  
14. Maiden name Lavinia Stacey  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma L. Schwarz  
(b) Address 3415 Oxford Ave. Maplewood, Mo.

17. (a) Burial (b) Date thereof Sept. 11, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester, Maplewood, Mo.

19. (a) SEP 18 1944 (b) C. D. McQueen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3415 Oxford Ave  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
year 1944 hour \_\_\_\_\_ minute 3 a. m.

21. I hereby certify that I attended the deceased from 6-11, 1944, to 9-9, 1944  
that I last saw him alive on 9-7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic myocarditis  
Due to Senility  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93rd  
Of autopsy \_\_\_\_\_

Duration 2 yrs.  
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 T. R. Wether (M. D. or other) MD  
Address 2816 Sutton Ave Date signed 9-9-44  
Maplewood, Mo

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

6  
5  
3

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 3467

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3434

P. O. Address 7456 Manchester

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.