

FILED DEC 27 1948 18

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10756

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:  
Peoples Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 15 years (years, months or days)

3. (a) PRINT FULL NAME Cora Monroe

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Russell 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April 12th 1903  
(Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Julius Jones

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

14. Maiden name Lula Nolan

15. Birthplace New Madrid Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Howard

(b) Address Elem Wood Park Mo

17. (a) burial (b) Date thereof 12-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell Avenue

19. (a) DEC 18 1944 J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

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. 4570 Evans Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day December  
year 1944 hour 12 minute 04 M.

21. I hereby certify that I attended the deceased from October 31, 1944 to December 14, 1944  
that I last saw her alive on Dec 14, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of deaths: Carcinoma of Cervix Duration 6 m.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Acute myocarditis 3 day  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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 Stephen Vesper (M. D. or other)

Address 1504 St Grand Date signed 12/18/44

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

MOTHER FATHER

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

**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 *J. J. Watson*  
Licensed Embalmer No. *2698*  
P. O. Address *2769 Chouteau*

**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.**