V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21341

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 1628

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:
2649 Lyle 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)

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. 2649 Lyle Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harwell Richard James Monks

3. (b) If veteran, name war None
3. (c) Social Security No. 488-07-0416

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hilda
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June 19, 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	0	2	hr. min.

9. Birthplace England (City, town, or county) England (State or foreign country)
10. Usual occupation Shoe Clerk
11. Industry or business

FATHER
12. Name Ponting Monks
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hilda Monks
(b) Address 2649 Lyle Ave, Maplewood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood.
19. (a) [illegible] (Date received local registrar) (b) E. G. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21, 1945
year 1945 hour 8 minute P M.
21. I hereby certify that I attended the deceased from June 1942, 19 to June 21 1945
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	21 day
Due to Cardio-nephritis	1 yr.
Due to Arterio-sclerosis (general)	3 yr.

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings: Of operations —
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury
Signature E. E. Terrain (M. D. or other) M.D.
Address 2901 Big Bend Rd. Date signed 6/23/45

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1945

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 3454

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed David C. Gilson

Licensed Embalmer No. 3454

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.