

**FILED** JAN 25 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. ....

404

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. ....

**1. PLACE OF DEATH:**

(a) County ST. LOUIS, MISSOURI  
(b) City or town ST. LOUIS, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3853 Lindell Blvd. /  
(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, month or days)

3. (a) PRINT FULL NAME MONROE - CLAUDINE L.

3. (b) If veteran, name war..... 3. (c) Social Security No. 492-03-7625A

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife George Manrice 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased July 19 1877  
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 23 If less than one day  
hr. min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Cashier

11. Industry or business Laclede Gas Light Co.

12. Name James O. Thurman

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

14. Maiden name Mary B. Jones

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Jones

(b) Address 1041 Chilcare

17. (a) Cremation (b) Date thereof Jan 16 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Fresh Center Mortuary

(b) Address 4024 Lindell Blvd.

19. (a) JAN 14 1946 (b) J. Jones  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri, (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3853 Lindell Blvd.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 12th  
year 1946 hour 11 minute 20 A.M.  
21. I hereby certify that I attended the deceased from Nov 1  
1930, to Jan 12 1946  
that I last saw her alive on Jan 12 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis Duration 24 hrs

Due to.....  
Due to.....

Other conditions chronic myocarditis 15 yrs  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: 0  
Of operations.....  
Of autopsy no  
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?

While at work? no (Specify type of place) (e) Means of injury.....

23. Signature J. S. Brown (M. D. or other)  
Address 4903 Delman ave Date signed Jan 14 46

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

2884

846

(Licensed Embalmer's Statement on Reverse Side)

*Ronald E. Yalinski  
4903  
St. Louis*

**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..... *Ronald E Yalinski*  
Licensed Embalmer No..... *39017*  
P. O. Address..... *St. Louis*

**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.**