

S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED JAN 25 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 512

1. PLACE OF DEATH:

(a) County St. Louis, Mo

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BARNES Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days)

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. 135 St. George St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Monte Louis Underwood

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-10-1202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1946 hour 10 minute 05 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Underwood

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 4, 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 28, 1945 to January 14, 1946
that I last saw him alive on January 14, 1946
and that death occurred on the date and hour stated above.

8. AGE: 48 Years Months Days If less than one day
3 10 hr. min.

Immediate cause of death:
Memorhage into stomach

Due to Carcinoma of liver

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Crane Operator

Major findings:
Of operations Carcinoma of liver

Of autopsy Primary Carcinoma of liver

11. Industry or business American Car & Foundry Co.

12. Name ? Underwood

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

14. Maiden name Unknown

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

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? _____

16. (a) Informant Eva Underwood

(b) Address 135 St. George St.

17. (a) Burial (b) Date thereof 1/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature James T. Fred (M. D. or other) MD
Barnes Hospital
Address _____ Date signed 1-15-46

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 16 1946 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

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

3215

MOTHER FATHER

Duration

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.....

Flourish Cynck

Licensed Embalmer No. *1284*

P. O. Address *St. Louis 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.