S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34704

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 3207

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 823 Cornell Ave. (If not hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves (If outside city or town limits, write "RURAL") 7
(d) Street No. 823 Cornell Av. (If rural, give location) 40
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Monroe
3. (b) If veteran, name war World war #I
3. (c) Social Security No. nill
4. Sex male 2
5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband~~ or wife Alberta Monroe
6. (c) Age of ~~husband or~~ wife if alive 55 years
7. Birth date of deceased Kirk ~~10/31/1946~~ (Month) 10/28/90 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	0	3	~~11~~ hr. ------ min.

9. Birthplace Kirkwood Mo. (City, town, or county) (State or foreign country)
10. Usual occupation nill
11. Industry or business nill

FATHER
12. Name Melza Monroe
13. Birthplace Jefferson, Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Georgia Galloway
15. Birthplace St. Loius Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Alberta Monroe
(b) Address 823 Cornell Av.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof II/ 4/ 46 (Month) (Day) (Year)
(c) Place: burial or ---- Father Dickson
18. (a) Signature of funeral director J. C. Lewis
(b) Address 22 Euclid Webster Groves
19. (a) 11-4-46 (Date received local registrar) (b) Ruth J. Allen M.D. (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31 year 1946 hour 1 minute 50 A. M.
21. I hereby certify that I attended the deceased from 10/2, 1946 to 10/31, 1946 that I last saw him alive on 10/31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B. (advanced) — Duration years
Due to Pulmonary T.B.
Due to 13b
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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
23. Signature [signature] (M.D. or other)
Address Wetter Grove (19 ...) Date signed 11/2/46

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1946

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. A. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.