No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2868
Registrar's No. 318

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Homer G Phillips Hospital
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)
In this community

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. 2220 a Chouteau
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sam Monroe
3. (b) If veteran, name war
3. (c) Social Security No.

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

8. AGE: Years Months Days If less than one day hr. min.
About 70

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

FATHER
12. Name Lott Monroe
13. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriett Briscoe
15. Birthplace Chesterfield Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mary Parkner
(b) Address 2322a Cole St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesterfield, Mo.
18. (a) Signature of funeral director Pinkie Toney
(b) Address 3129 Lucas Ave.
19. (a) JAN 12 1948 (Date received by local registrar) (b) J. F. Brescock (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 8 year 1948 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec. 12, 1947, to Jan. 8, 1948; that I last saw him alive on Jan. 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Prob. Cerebral Hemorrhage — Duration: Undet.
Due to
Due to
Other conditions: Benign Hypertrophy of Prostate
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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 John B Clayton (M. D. or other)
Address 7601 no Wolcott Date signed 1/9/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Clark Young

Licensed Embalmer No. 3371

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.