FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22262

Primary Registration District No. 1000

Registrar's No. 758

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 hours (Specify whether years, months or days)
In this community: 27 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 3006 So. 24th. St. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: Aloyst Jacob Monach

3. (b) If veteran, name war: None

3. (c) Social Security No.: 491-10-4885

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Ruth Monach

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: June (Month) 4 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	1	10	hr. min.

9. Birthplace: Dean Lake (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Plant Superintendent

11. Industry or business: Dannen Mills

FATHER
12. Name: James P. Monach
13. Birthplace: Triplett (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Margaret Alter
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Mrs. Ruth Monach
(b) Address: 3006 So. 24th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 16, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cem.

18. (a) Signature of funeral director: Herman W. Siedenladen
(b) Address: 1802 Union St. St. Joseph, Mo.

19. (a) 7-16-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1948 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 14th 48, 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Viewed

	Duration
Immediate cause of death: Burns from an explosion	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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): Accident
(b) Date of occurrence: July 13th 1948
(c) Where did injury occur? St Joseph, Mo, (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
While at work? Yes (Specify type of place) (e) Means of injury: Burns

23. Signature: B. W. Tadlock (M. D. or other) Coroner
Address: King Hill Bldg St. Joseph, Mo. Date signed: 7/14/48

Jefferson City Printing Co.

WRITE PLAINLY—USING UNFADING INK

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.....Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.