

No. 300
-10-47
5-17-39
V I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41689**
Registrar's No. **11102**

Registration District No. **318** Primary Registration District No. **1005**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1-day**
In this community **42 Yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3860a Olive St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Max Monarova**
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **22nd.**,
year **1948** hour **3** minute **25** a. m.
21. I hereby certify that I attended the deceased from **July 13**
1947 to **Dec 22 1948**
that I last saw h. l. m. alive on **Dec 19**
and that death occurred on the date and hour stated above.

4. Sex **M.** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Lena Monarova**
6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **Jan. 17th., 1882**
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of stomach** Duration **19**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: **Carcinoma of stomach**
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
66 **11** **5** hr. min.
9. Birthplace **Germany**
(City, town, or county) (State or foreign country)
10. Usual occupation **Salesman**

11. Industry or business _____
12. Name **Unk. Monarova**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Lena Monarova**
(b) Address **3860a Olive St.**
17. (a) **Burial** (b) Date thereof **12-24-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Resurrection**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**
19. (a) **DEC 23 1948** (b) **J. B. Pasater**
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **A. M. Mohr** (M. D. or other) **med**
Address **634 W. Spruce** Date signed **12/23/48**

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

MOTHER FATHER

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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.