

S. No. 300
V. 10-48

FILED MAY 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18980

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1228

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsdale</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsdale</u>	d. STREET ADDRESS (If rural, give location) <u>6222 Greer</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6222 Greer</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Monaghan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1950</u>
---	-----------------------	---------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar 17, 1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	--	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Practice</u>	11. BIRTHPLACE (State or foreign country) <u>Cincinnati Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Wm. Monaghan</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Benn Overland Mo</u>
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 12-15-1949 to 5-11-1950, that I last saw the deceased alive on 5-11-1950, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles O. Lane</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>706 Walton</u>	23c. DATE SIGNED <u>5-12-50</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 15 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
---	------------------------------	---	---

DATE RECD. BY LOCAL REGISTRY <u>MAY 15 1950</u>	REGISTRAR'S SIGNATURE <u>Robert A. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. Home 9222 Lackland Overland Mo</u>
---	--	---

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

4000

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Al C. Oitman

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

P. O. Address _____

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.