

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2820
66

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1003

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				b. COUNTY Mo.					
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2149					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John's Hospital				STREET ADDRESS (If rural, give location) 4919 Lansdowne Ave.					
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)		b. (Middle) MONNIG		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) Jan. 2 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2			
8. DATE OF BIRTH July 22, 1871		9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Koebbe		13b. MOTHER'S MAIDEN NAME Elizabeth Grosskettler			
14. NAME OF HUSBAND OR WIFE Late Walter R. Monnig		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John B. Monnig 795 Greenview Dr. Glendale, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of liver</i>				INTERVAL BETWEEN ONSET AND DEATH 6-8 mos	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		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 <i>2:00 PM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>156A</i>					
22. I hereby certify that I attended the deceased from <i>10-14, 1950</i> , to <i>1-2, 1951</i> , that I last saw the deceased alive on <i>1-2, 1951</i> , and that death occurred at <i>6:40P</i> m., from the causes and on the date stated above.									
22a. SIGNATURE (Degree or title) <i>John J. Hammond M.D.</i>				23b. ADDRESS <i>634 N. Grand</i>		23c. DATE SIGNED <i>1/4/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 5, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>SS Peter & Paul Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>JAN 4 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Parater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser 4228 S. Kingshighway Bl.</i>					

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 William B White

Signed
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 9228 Lehigh Highway

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.