

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13677

State File No.

6051
3058

Registrar's No. 73

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. _____

0920
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EUREKA 0500	
c. LENGTH OF STAY (In this place) 6 YEARS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION EVANGELICAL EMHAUS HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) H.	c. (Last) MONROE	4. DATE OF DEATH (Month) (Day) (Year) APRIL 14, 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH FEBRUARY 9, 1865	9. AGE (In years last birthday) (Specify) Months Days Hours Min. 86 2 5	IF UNDER 14 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? UNITED STATES
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13a. FATHER'S NAME JOHN BROWN	13b. MOTHER'S MAIDEN NAME MARGARET WRIGHT	14. NAME OF HUSBAND OR WIFE DR. LEE E. MONROE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Theophil Storken ADDRESS ST. CHARLES, MISSOURI
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		15 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Ben Arterio sclerosis DUE TO (b) DUE TO (c)		10 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 1st**, 1951, to **Apr 14 1951**, that I last saw the deceased alive on **Apr 10, 1951**, and that death occurred at **6 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Erich Schurz M.D. (Degree or title)	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 4/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-16-51	24c. NAME OF CEMETERY OR CREMATORY Bethel Cem	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. 4-19-51	REGISTRAR'S SIGNATURE Harold Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Louis N. Boffone ADDRESS Arkwood Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 23 1951

RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

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.