

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21347

State File No. ....

318

1003

Registrar's No. .... 5552

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missour</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2159		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3400 Taft</u>				d. STREET ADDRESS (If rural, give location) <u>3400 Taft</u>				
3. NAME OF DECEASED (Type or Print) <u>Bernard Benjimen G.</u>			a. (First)		b. (Middle) <u>Monton</u>		c. (Last) <u>Monton</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 1951</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan, 5 1894</u>		9. AGE (In years less birthday) <u>57</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Warehouse Ph, llin Prtro.</u>		11. BIRTHPLACE (State or foreign country) <u>Alasene - Loraine</u>		
13a. FATHER'S NAME <u>Henry Monton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Monton</u>		12. CITIZEN OF WHAT COUNTRY? _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>442-07-8921</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Monton</u> ADDRESS <u>3400 Taft</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>443 X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>April 19, 1951</u> , to <u>June 18, 1951</u> , that I last saw the deceased alive on <u>January 19, 1951</u> , and that death occurred at <u>2P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Leroy D. Davies, M.D.</u> (Degree or title)				23b. ADDRESS <u>2214 De Soto</u>		23c. DATE SIGNED <u>June 19, 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter-Paul Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		
DATE REC'D BY LOCAL REGISTRY <u>JUN 19 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec</u>				

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

Dr Davies  
2219-5. Jett.

me

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.....  
Student Embalmer

Signed Jack Hensch

Licensed Embalmer No. 4746

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.