

FILED MAR 22 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **11046**  
Registrar's No. **749**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066**

**1. PLACE OF DEATH**  
 a. COUNTY **St. Louis County**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kirkwood**  
 c. LENGTH OF STAY (in this place) **50 yrs**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **110 S. Holmes Ave**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri**  
 b. COUNTY **St. Louis**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kirkwood**  
 d. STREET ADDRESS (If rural, give location) **Kirkwood**

**3. NAME OF DECEASED**  
 a. (First) **Frank**  
 b. (Middle) \_\_\_\_\_  
 c. (Last) **Monroe**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**Mar. 17, 1952**

**5. SEX**  
**Male**

**6. COLOR OR RACE**  
**Col.**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
**Married**

**8. DATE OF BIRTH**  
**Feb. 15, 1869**

**9. AGE** (In years last birthday) (Months) (Days) (Hours) (Mins.)  
**83 1 2**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Labor**

**10b. KIND OF BUSINESS OR INDUSTRY**  
**Labor**

**11. BIRTHPLACE** (State or foreign country)  
**Lawrenceburg Ky**

**12. CITIZEN OF WHAT COUNTRY?**  
**U.S.A.**

**13a. FATHER'S NAME**  
**Lawrence Monroe**

**13b. MOTHER'S MAIDEN NAME**  
**Harrett**

**14. NAME OF HUSBAND OR WIFE**  
**Lucy Monroe**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown)  
**NO**

**16. SOCIAL SECURITY NO.**  
**NO**

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS  
**Gussie Grant 4140 Washington Ave**

**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**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Cerebral Arteriosclerosis**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Smility**  
 DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH**  
**2 yrs**

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**  
**334X**

**20. AUTOPSY?**  
 YES  NO

**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)

**21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK?**

**21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from July 10, 1950, to March 14, 1952, that I last saw the deceased alive on 3-14, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title)  
**W. B. Each M.D.**

**23b. ADDRESS**  
**Kirkwood Mo**

**23c. DATE SIGNED**  
**3-20-52**

**24a. BURIAL, CREMATION, REMOVAL** (Specify)  
**Burial**

**24b. DATE**  
**Mar. 22, 1952**

**24c. NAME OF CEMETERY OR CREMATORY**  
**Father Dickson**

**24d. LOCATION** (City, town, or county) (State)  
**St. Louis County Mo.**

**DATE REC'D BY LOCAL REG.**  
**3-20-52**

**REGISTRAR'S SIGNATURE**  
**Heibert R. Donke MD**

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS  
**John H. Humphreys 408 S. Fillmore Ave**

SW (Licensed Embalmer's Statement on Reverse Side)

**Kirkwood 22. Mo.**

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

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.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4441

P. O. Address 408 S. Fallmore

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.