

No. 300
10-48

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23055

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1784

4001

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Wellston	c. LENGTH OF STAY (in this place) 1 year	c. CITY OR TOWN Wellston	4291
d. FULL NAME OF HOSPITAL OR INSTITUTION 6207 Etzel Avenue.		d. STREET ADDRESS (If rural, give location) 6418 Sparta Court	

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE	b. (Middle) MAY	c. (Last) MONROE	4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 1, 1862	9. AGE (in years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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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 At Home	11. BIRTHPLACE (City and State or Foreign Country) Kentland, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Van Dyke	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Oliver C. Monroe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Urian, 6207 Etzel Avenue.	ADDRESS
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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) Cardiovascular disease		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Senility.		
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. None			

19a. DATE OF OPERATION 6/29/52	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/29/52	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR None
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22. I hereby certify that I attended the deceased from **1/6, 1930** to **6/29, 1952** that I last saw the deceased alive on **6/29, 1952** and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James R. Pugh MD	23b. ADDRESS 730 Hamilton	23c. DATE SIGNED 6/30/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri.
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DATE REC'D BY LOCAL REG. 6-30-52	REGISTRAR'S SIGNATURE Herbert R. Domb MD	25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home,	ADDRESS 1167 Hamilton Ave.
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sw Licensed Embalmer's Statement on Reverse Side

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~~ Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Eleonora Penelias

Licensed Embalmer No. 4283

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.