

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40898**  
Registrar's No. **11351**

FILED DEC 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. STREET ADDRESS (If rural, give location)	
a. (First) <b>Mary</b>		b. (Middle)		c. (Last) <b>Monroe</b>	
6. DATE OF BIRTH		7. AGE (In years last birthday)		8. DATE OF DEATH (Month) (Day) (Year)	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		9. AGE (In years last birthday) <b>60</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Unk. Ab. 1893</b>		9. AGE (In years last birthday) <b>60</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
13c. NAME OF HUSBAND OR WIFE <b>Dead</b>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMY, NAVY, MARINE CORPS, OR SOCIAL SECURITY (Yes, no, or unknown) (If yes, give branch, date of service) <b>no none</b>	
16. INFORMANT'S SIGNATURE OR NAME <b>Frank Wilson</b>		17. ADDRESS <b>4300 St. Ferdinand Ave</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture simple complete of left Femur</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>			
A. PRECEDENT CAUSE <b>Intestinal obstruction, paralytic</b>					
B. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>11/17</b> , 19 <b>53</b> , to <b>11/29</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>11/29</b> , 19 <b>53</b> , and that death occurred at <b>12:15 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Montague Lawrence</b>		23b. ADDRESS <b>MD 0 2601 N. Whittier</b>		23c. DATE SIGNED <b>11/30/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/3/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. W. Robert</b> ADDRESS <b>1416 N. Taylor Ave.</b>			
DATE REC'D BY LOCAL REG. <b>DEC 1 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>			

(Licensed Embalmer's Statement on Reverse Side)

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**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.....  
Signature of Student Embalmer

Signed *James H. Carter*.....  
Licensed Embalmer No. *4681*

P. O. Address *Edwards*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.**  
**If this body is not embalmed, fact should be so stated above.**