

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9967**  
**2900**

FILED APR 11 1955

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		d. STREET ADDRESS (If rural, give location) <b>2912 Madison St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2912 Madison St.</b>				d. STREET ADDRESS <b>2912 Madison St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lottie</b> b. (Middle) <b>Lee</b> c. (Last) <b>Monroe</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 25, 1955</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Divorced</b>	8. DATE OF BIRTH <b>July 19, 1914</b>	9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Marvell Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Eddie Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Pennie Hoard</b>		14. NAME OF HUSBAND OR WIFE <b>Louis Monroe</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Pennie Smith 2912 Madison St.</b>			
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) <b>Carcinoma of Liver</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
19a. DATE OF OPERATION <b>unknown</b>		19b. MAJOR FINDINGS OF OPERATION <b>unknown</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>none 1561</b>			
22. I hereby certify that I attended the deceased from <b>3-15, 1955</b> , to <b>3-25, 1955</b> , that I last saw the deceased alive on <b>3-25, 1955</b> , and that death occurred at <b>11:30 p.m.</b> ; from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Thayer D. Alexander M.D.</b>				23b. ADDRESS <b>826 N. Channing</b>		23c. DATE SIGNED <b>3-29-55</b>	
24a. BURIAL/CREMATION, REMOVAL (Specify) Removal		24b. DATE <b>Mar. 30, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Coffee Creek Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>West Helena, Arkansas</b>		
DATE REC'D BY LOCAL REG. <b>MAR 31 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lee J. Sneed</b>		ADDRESS <b>3615 Easton</b>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Arthur K. Harris*

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.