

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29445

FILED SEP 5 1956

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1902

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	St. Louis,	a. STATE	Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Richmond Heights, 	c. CITY OR TOWN	Americus 0.7001
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	(If outside, give location) Reside on Farm
St. Marys Hosp.		Local	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb		4 days	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Oscar	Charles	Monnig	August	7,	1956
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Jan. 14, 1886	70	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?	
Retired Farmer		Farming	Americus, Mo.	U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Henry J. Monnig			Antonie Wiebring		
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.	17. INFORMANT Address		
No		None	Victor Monnig, Americus, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) Carcinoma Lung - RA		approx 3 1/2 yrs
DUE TO (b) Unknown Cause		
DUE TO (c) Metastases to Mediastinum Pericardium		16.3X

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	

21. I attended the deceased from 1953 to 8-7-56 and last saw her alive on 11:50 AM	
Death occurred at 11:50 AM m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or title)	22b. ADDRESS
Joseph Lucido	634 W. Grand
22c. DATE SIGNED	8/7

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	8-7-56	St. Martin's Cemetery	Starkenburg, Mo.
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Albert H. Hoppe	4700 Washington	8-8-56	Herbert A. Dombrowski

Health, Welfare Public Service
 300-1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

89.

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 *John Haines*

Licensed Embalmer No. *411*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.