THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35941

FILED NOV 16 1956

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER Registrar's No. 9873

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Louis City Hospital — Length of stay in 1b 219	d. STREET ADDRESS (If outside, give location) 4203 Westminster — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Anna	Middle: Mae	Last: Monroe	4. DATE OF DEATH Month Day Year: Oct. 27, 1956
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Oct.12,1894	9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
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 country): Little Rock,Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Walter Hall		14. MOTHER'S MAIDEN NAME: Gertrude Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT Address: Henry L.Monroe, 4203 Westminster		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Coronary thrombosis

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis

Hypertension

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension

DUE TO (c) ?

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): no 420.1

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 9-20-56

20f. CITY, TOWN, OR LOCATION 10-27-56 COUNTY 10-26-56 STATE

21. I attended the deceased from Sept 20 56 to Oct 27 56 and last saw her alive on Oct 26 56. Death occurred at 4.30 A.M. 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A.Edw. Meisenbach (Degree or title) M.D. D Dr Edward Meisenbach MD

22b. ADDRESS 3903 Olive St. 10-29-56 3903 Olive St

22c. DATE SIGNED 10/29/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 10-30-56	23c. NAME OF CEMETERY OR CREMATORY: National Cemetery	23d. LOCATION (City, town, or county) (State): Jefferson Barracks,Mo.
24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe,4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG.: OCT 29 1956	26. REGISTRAR'S SIGNATURE: Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Albert G. Kopps

Licensed Embalmer No. 29

P. O. Address .....

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