

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44376

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2846</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give town) <u>Affton</u>		c. LENGTH OF STAY (in this place) <u>3 Years</u>		c. CITY OR TOWN <u>Affton 4820</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9545 Lydell Drive</u>				e. STREET ADDRESS (If rural, give location) <u>9545 Lydell Drive</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u>			b. (Middle) <u>RUDOLPH</u>		c. (Last) <u>MONKEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-14-1895</u>		9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brewery Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Anheuser-Busch Inc</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George J. Monken</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Butzon</u>			14. NAME OF HUSBAND OR WIFE <u>Pearl Monken</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>W.W.#1</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-09-2241</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Monken</u>			ADDRESS <u>9545 Lydell Drive</u>				
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.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4201</u>			
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 <u>12/26</u> , 19 <u>56</u> to <u>12/2</u> , 19 <u>56</u> that I last saw the deceased alive on <u>11/26</u> , 19 <u>56</u> and that death occurred at <u>4:45 Am.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Dr Michael M D</u>				23b. ADDRESS <u>817 Olive Street</u>			23c. DATE SIGNED <u>12/3/56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-5-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo Mo</u>					
DATE REC'D BY LOCAL REG. <u>12-3-56</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Lamberton</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pross 6409 Gravois Ave</u>						

(Licensed Embalmers - License on Reverse Side)

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.....  
Signature of Student Embalmer

Signed..... *Law M. Sigmon*

Licensed Embalmer No. *43*

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.