

UNRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017155

FILED VS. MAY 2 1960

Primary Registration District No.

Registrar's **2 4112**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			Length of stay in 1b		c. CITY OR TOWN <b>Joliet</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1322 Texas</b>
3. NAME OF DECEASED (Type or print) First <b>Melvin</b> Middle <b>J.</b> Last <b>Monroe</b>			4. DATE OF DEATH Month <b>April</b> Day <b>13</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/23/1915</b>	9. AGE (last birthday) <b>44</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Yard Master</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>G.M. &amp; O. R.R.</b>		11. BIRTHPLACE (City and state or country) <b>Minook, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>Ervin Monroe</b>		13b. MOTHER'S MAIDEN NAME <b>Linnie Shaw</b>	
14. NAME OF HUSBAND OR WIFE <b>Effie Monroe</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT <b>Effie Monroe, Joliet, Ill.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Post-operative shock; heart block,</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>while undergoing operation (Prostatectomy)</b> DUE TO (c) <b>at Missouri Pacific Hospital on Apr. 13, 1960.</b>		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) <b>Accident 610x</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>(See above)</b>			
20c. TIME OF INJURY Hour a.m. p.m. <b>4-13-60</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>17 hospital</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St. Louis Missouri</b>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>7:50 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Patrick E. Taylor Coroner</b>			22b. ADDRESS <b>1322 Clark Ave</b>		22c. DATE SIGNED <b>4-14-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-14-60</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Joliet, Ill.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>			25. DATE RECD. BY LOCAL REG. <b>APR 14 1960</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b> <i>MSR</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

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.