

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961

61-003952
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 590 Registrar's No. 166

AMENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ST. LOUIS	b. CITY (if outside corporate limits, give TOWNSHIP only) FLORISSANT	a. STATE MISSOURI	b. COUNTY ST LOUIS
Length of stay in lb YRS		c. CITY OR TOWN FLORISSANT	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) 370 W. ST. ANTHONY DRIVE		d. STREET ADDRESS 370 W. ST. ANTHONY DRIVE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First WILFORD	Middle B.	Last MONROTUS	4. DATE OF DEATH	Month JANUARY	Day 15,	Year 1961
-------------------------------------	-------------------------	---------------------	-------------------------	------------------	-------------------------	-------------------	---------------------

5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/7/1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
-----------------------	--------------------------------------	---	--------------------------------------	-------------------------------------	---------------------------	------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE DETECTIVE (RETIRED)	10b. KIND OF BUSINESS OR INDUSTRY SCRUGGS DEP'T. STORE	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY USA
---	--	---	---

13a. FATHER'S NAME PETER MONROTUS	13b. MOTHER'S MAIDEN NAME LILLIE SCHEROKUS	14. NAME OF HUSBAND OR WIFE RUTH MONROTUS (NEE ANDREWS)
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT RUTH MONROTUS	Address SEE #2
---	-------------------------	---------------------------------------	--------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Ca Bursitis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Ca prostate gland.	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Hour a.m. p.m.	Month, Day, Year
---	------------------

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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	---

21. I attended the deceased from 6-15-1950 to 1-15-1961 and last saw him alive on 1-12-1961
Death occurred at 7:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R B Cappel M.D.	(Degree or title)	22b. ADDRESS 37 Old Westbury Lane	22c. DATE SIGNED 1-16-61
--	-------------------	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/18/1961	23c. NAME OF CEMETERY OR CREMATORY ST. TRINITY CEMETERY	23d. LOCATION (City, town, or county) (State) LEMAY, MISSOURI
--	-------------------------------	---	---

24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY	ADDRESS 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI	25. DATE RECD. BY LOCAL REG. 1-17-61	26. REGISTRAR'S SIGNATURE John B. Mumfley M.D.
--	--	--	--

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Rich C. Branson*

Licensed Embalmer No. 4764

P. O. Address St Louis, Mo

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.