MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-020767

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5142

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

FILED MAY 31 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): HOMER G. PHILLIPS HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4578 A GARFIELD AVE.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOE Middle MONROE Last
4. DATE OF DEATH: Month 5 Day 18 Year 62
5. SEX: MALE
6. COLOR OR RACE: COLORED
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-25-02
9. AGE (last birthday): 60
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): ARKANSAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JULIAN MONROE
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: ANNA MONROE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): #1
16. SOCIAL SECURITY NO.
17. INFORMANT: ANNA MONROE 4578 A GARFIELD AVE.
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of stomach,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes mellitus.
DUE TO (c) 151X
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 950 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Johnson (Degree or title) Deputy Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 5/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 5-25-1962
23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
23d. LOCATION (City, town, or county) (State) JEFFERSON BKS., MO.

24. FUNERAL DIRECTOR ADDRESS ELLIS FUNERAL HOME-2820 STODDARD ST.
25. DATE RECD. BY LOCAL REG. MAY 21 1962
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	21		
3			
4	2		
5	1		
6			
7	1		
8	1		
9			
10			
11			
12	77-3		
13			

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

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.