

NOTE—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22329

Do not use this space.

RECORDED JUL 22 1938  
PLACE OF DEATH

(a) County Dyer Registration District No. 496  
(b) Township Brookfield Primary Registration District No. 30-25  
(c) City St. Louis (d) Street No. 5612 Registered No. 52  
(e) Length of residence in city or town where death occurred 5612 St.  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Russell Dee Monroe  
(a) Residence, No. 212 E. Wood St. □ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Mae Monroe  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-28-1894  
7. AGE YEARS 44 MONTHS 4 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Mo

FATHER 13. NAME Geo. E. Monroe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash. Co. Ohio

MOTHER 15. MAIDEN NAME Caroline E. Tschau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash. Co. Ohio

17. INFORMANT (ADDRESS) Myrtle Penhale Purdin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Purdin DATE June 17, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Will B. Hapley Brookfield Mo

20. FILE July 9 38 Monroe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-15-1938

22. I HEREBY CERTIFY That I attended deceased from 4-19-1938 to 6-15-1938

I last saw him alive on 6-11-1938 Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

Ischemic Heart Disease 2da

Other contributory causes of importance:

Ischemic Heart Disease 54da

Name of operation None Date of 0

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 11/14/1938

Where did injury occur? Brookfield Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Ischemic Heart Disease

Nature of injury Ischemic Heart Disease

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) J. W. Ramsey, M. D.

(Address) Brookfield, Mo.

1864

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, \_\_\_\_\_

*J. H. Blacklock*, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*J. H. Blacklock*  
Licensed Embalmer No. *2246*

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 this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22329

Do not use this space.

1. PLACE OF DEATH

(a) County Linn

Registration District No. 496

(b) Township Brookfield

Primary Registration District No. 660

(c) City

(d) Street No.

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

Yrs. mos. ds. (f) How long in U.S., if of foreign birth? Yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Russell D. Monroe St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs.  
or min.

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work  
was done, as saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR  
(ADDRESS)

20. FILED

19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from  
19... to 19...

I last saw him alive on 19... Death is said

to have occurred on the date stated above, at...

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis 5/10/38  
Fracture of both legs

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Acc Date of injury 4/19, 1938

Where did injury occur? Brookfield, Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Injury of both legs

Nature of injury Injury from fall

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. C. Hume, M. D.

(Address) Brookfield, Mo

