

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

Do not use this space.

MAR 4 1935

1. PLACE OF DEATH

County St. Louis
Township _____
City Webster Groves (No. 429 Newport)

Registration District No. 788
Primary Registration District No. 4470

File No. 2747
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Thomas J. Monroe

(a) Residence, No. 429 Newport St., _____ Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. - 7 mos. - 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widower</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lizzie Martha Monroe</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11 - 1847</u> | | |
| 7. AGE | YEARS <u>87</u> | MONTHS <u>7</u> |
| | DAYS <u>8</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Reporter</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>R. G. Dun Mercantile Agency</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>1925</u> | |
| 11. Total time (years) spent in this occupation <u>570</u> | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Indiana</u> | | |
| 13. NAME <u>George Washington Monroe</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> | | |
| 15. MAIDEN NAME <u>Sarah Elizabeth Randall</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Virginia</u> | | |
| 17. INFORMANT (ADDRESS) <u>Randall B. Monroe</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walhalla Cemetery</u> DATE <u>Jan 22</u> , 19 <u>35</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Parker Island Co Webster Groves</u> | | |
| 20. FILED <u>Jan 21 - 1935</u> <u>Jules R. York</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1 - 17, 1935, to 1 - 18, 1935.
I last saw him alive on 1 - 17, 1935. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Date of onset 1 - 17 - 35

Other contributory causes of importance:
Arteriosclerosis, Senility

Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Arthur W. Westrauf, M. D.
(Address) Webster Groves Mo

N. B. - Every death certificate should be filed in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

