

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH30596
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis, Missouri.** (d) Street No. **Barnes Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **N.E.** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **8033**2. PRINT FULL NAME **Frank Monti**

(a) Residence, No. St. **Swanwick, Ill.**
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 12, 1882.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 **3** **27**

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

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) **Aug. 1938** 11. Total time (years) spent in this occupation. **20 yrs.**

12. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Italy**

13. NAME **Eugene Monti**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Italy.**

15. MAIDEN NAME **Josephine Deratt**

16. BIRTHPLACE (CITY OR TOWN) **"**
 (STATE OR COUNTRY) **Italy.**

17. INFORMANT **Mrs. Mary A. Monti**
 (ADDRESS) **Swanwick, Illinois**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Swanwick, Illinois** DATE **Sept. 11/ 1938**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe, Inc.**
 (ADDRESS) **429 N. Euclid Ave.**

20. FILED **SEP 12 1938** **J. B. Prudick**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 9, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 25, 1938** to **Sept 9, 1938**

I last saw him alive on **Sept 9, 1938** Death is said to have occurred on the date stated above, at **7:35** m.

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

Bronchiectasis in both lower lobes.
Brain abscess (?) in right motor region.
Cause unknown

Date of onset

Other contributory causes of importance: **78A**Name of operation **None** Date ofWhat test confirmed diagnosis? Was there an autopsy? **Yes**

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? **f**

If so, specify **culture of yeast organism from sputum**

(Signed) **Geo. L. Evans, Jr.** M. D.
 (Address) **BARNES HOSPITAL**

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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

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

Signed

J. G. Sullivan

Licensed Embalmer No.....

1122

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.