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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29583

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1745

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton

(c) Name of hospital or institution: St. Louis County Hospital

(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 3 days

In this community 2 years

3. (a) PRINT FULL NAME Edward Monahan 550

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Iva Monahan

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased June 29 1887

8. AGE:

Years	Months	Days	If less than one day
53	2	15	hr. min.

9. Birthplace Unknown Ohio

(City, town, or county) (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business

MOTHER FATHER

12. Name John Monahan

13. Birthplace Unknown New York

(City, town, or county) (State or foreign country)

14. Maiden name Theresa Keilhauser

15. Birthplace Unknown Penn.

(City, town, or county) (State or foreign country)

16. (a) Informant Iva Monahan

(b) Address Woodstock & Emerald Aves.

17. (a) Burial (b) Date thereof 9/16/40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director L. M. White

(b) Address 118 N. Florissant Rd. Ferguson

19. (a) SEP 14 1940 (b) D. R. Meyers

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Ferguson

(If outside city or town limits, write "RURAL")

(d) Street No. Woodstock and Emerald Aves.

(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13

year 1940 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from 9-10-40

\_\_\_\_\_, 19\_\_\_\_, to 9-13-40, 19\_\_\_\_;

that I last saw him alive on 9-13-40, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of

Left Internal Jugular Carotid

Artery 3 days

Due to Arteriosclerosis 5 yrs

Due to Hypertension of 9/10 6 yrs

Other conditions Atrial fibrillation 5 yrs

(Include pregnancy within 3 months of death)

Duration

3 days

5 yrs

6 yrs

5 yrs

Major findings:

Of operations Arteriosclerosis

Cardiac hypertrophy

Of autopsy Thrombosis of internal jugular

Carotid Artery & Mesenteric

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: accident

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature B. J. Struhlman (M. D. or other) \_\_\_\_\_

Address 107 \_\_\_\_\_ Date signed \_\_\_\_\_

(Specify type of place) (e) Means of injury \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*R. M. White*

Licensed Embalmer No.....

*3973*

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, fact should be so stated above.**