

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 10232

FILED DEC 15 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3928 Alberta /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life (Specify whether
 In this community Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
17
9/16
 (d) Street No. 3928 Alberta (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Richard T. Monahan
 (b) If veteran, name war World War# 1 (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 6
 year 1942 hour 9 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mathilde 6. (c) Age of husband or wife if alive 38 years

21. I hereby certify that I attended the deceased from May 26th, 1942 to Dec 6, 1942
 that I last saw him alive on Dec 10/30/42
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: July 18, 1898
 (Month) (Day) (Year)
 8. AGE: Years 44 Months 4 Days 18 If less than one day
 hr. min.

Immediate cause of death: Coronary Thrombosis Sudden
 Duration

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Manufactures Representative
 11. Industry or business Machine Tools

Due to not known - under treatment for duodenal ulcer since May 26, 42
 Due to

MOTHER FATHER { 12. Name Richard Monahan,
 13. Birthplace St. Louis, Missouri.
 (City, town, or county) (State or foreign country)
 14. Maiden name Ida Gross
 15. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 117
 Major findings: Of operations
 Of autopsy

16. (a) Informant Mrs. Mathilde Monahan,
 (b) Address 3928 Alberta
 17. (a) Burial (b) Date thereof 12/9/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New SS Peter & Paul

PHYSICIAN
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Oscar J. Hoffmeister
 (b) Address 4016 Chippewa
 19. (a) DEC 9 1942 (b) J. F. Predeck
 (Date received local registrar's certificate) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (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?
 (Specify type of place)
 While at work..... (e) Means of injury.....

23. Signature Robert J. Warner (M. D. or other) M
 Address Paul Brown Bldg Date signed 12/10/42

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

MAY 4 1943

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P.O. Address 3747 Duncannon

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.