

FILED DEC 13 1943 18

Primary Registration District No. 1003

Registrar's No. 10585

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-5321 Savoy Court /
(If not to hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5321 Savoy Court
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ISABELLE MONCUR

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Moncur 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 3 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 29 hr. min.

9. Birthplace Thornburg Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name James Murdy
13. Birthplace unknown Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kennedy
15. Birthplace unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert E. Roth

(b) Address 5321 Savoy Court, City

17. (a) burial (b) Date thereof 12-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd., St. Louis

19. (a) DEC 2 1943 (b) J. F. Bredack
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 2nd
year 1943 hour 8:30 minute 12 M.

21. I hereby certify that I attended the deceased from Jan 2 20
1943 to Dec 2 20 1943
that I last saw her alive on Dec 2 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage 1 month
+ 4 days.
Due to Arteriosclerosis. 15 days

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. J. Stein (M. D. or other) _____
Address 3606 Grand Date signed 12/2/43

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

Dr. A. W. Stein
11-12
3606 Gravois Avenue
LA-2528

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo

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.