

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8055
Registrar's No. 2597

FILED MAR 28 1945
318

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Ozenden Shelter
3225 Montgomery St
(If not give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Monti

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 9

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

7. Birth date of deceased Jan 2, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>15</u>	hr. _____ min.

9. Birthplace HUNGARY
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER, FATHER {

12. Name Unknown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name ANNA Yalanan

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Miss Joyce

(b) Address 2231 Mullonphy St.

17. (a) Burial (b) Date thereof 3-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Colby Kelly

(b) Address 4386 Lindell Blvd.

19. (a) MAR 21 1945 (b) J.P. Breiden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1945 hour 12:05 minute 4. M.

21. I hereby certify that I attended the deceased from 3/7/45
_____, 19____, to 3/17/45, 19____;

that I last saw him alive on 3/17/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis - acute

Due to Gangrene of Small Bowel

Due to Strangulated Inguinal Hernia

Other conditions (Include pregnancy within 3 months of death) 122a

Major findings: Strangulated Hernia

Of operations _____

Of autopsy Same

Duration _____

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)

(f) Means of injury _____

23. Signature Herb Wadsworth (Date received local registrar) _____

Address 1515 Lafayette Date signed 3/17/45

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..... *James A. Lummers*
Licensed Embalmer No..... *4142*
P. O. Address..... *St. Louis*

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.