

FILED APR 24 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3312**

**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:  
City of St. Markloff Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hrs.  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Walter I. Monaghan

**3. (b) If veteran,** name war None

**3. (c) Social Security No.** None

**4. Sex** Male

**5. Color or race** White

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

**6. (b) Name of husband or wife** \_\_\_\_\_

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** January 15th, 1865  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>81</u>	<u>2</u>	<u>24</u>	_____ hr. _____ min.

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

**10. Usual occupation** Barbar

**11. Industry or business** Unemployed

**MOTHER FATHER**

**12. Name** Michael N. Monaghan

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

**14. Maiden name** Catherine MacGovern

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

**16. (a) Informant** May M. Cunningham

**(b) Address** 5539 Pershing Ave.

**17. (a)** Burial (Burial, cremation, or removal) **(b) Date thereof** 4/11/46  
(Monthly) (Day) (Year)

**(c) Place: burial or cremation** Calvary Cent

**18. (a) Signature of** Harrison & Sheahan Und Co

**(b) Address** 4415 Washington Blvd.

**19. (a)** APR 10 1946 (Date received local registrar) **(b) Registrar's signature** J. J. Amersbach

**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. 3400 S. Grand Blvd  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 9th.  
year 1946 hour 4:00 PM minute 15 M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

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

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

*Generalized arteriosclerosis*

*97*

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

**23. (a) While at work?** \_\_\_\_\_ (Specify type of place)

**(b) Means of injury** 3  
Patricia E. Taylor Sep Co  
(M. Dr or other)

Address 1300 Clark Date signed 4-10-46

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

13920

**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 Edna R. Padwell  
Licensed Embalmer No. 4077

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.**