

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

**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: DePaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2-days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4245 Maryland Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward A. Monahan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Caroline 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. 18th., 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 20 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Dist. Assessor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Edward Monahan  
13. Birthplace Wis. /  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Burke  
15. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caroline Monahan  
(b) Address 4245 Maryland Ave.

17. (a) Burial (b) Date thereof 2-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic  
18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd,

19. (a) FEB 10 1947 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 8th.  
year 1947 hour \_\_\_\_\_ minute 6 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1947, to \_\_\_\_\_, 1947,  
that I last saw him alive on Feb. 8, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
Coronary Thrombosis  
Due to \_\_\_\_\_

Other conditions Pulmonary Edema  
(Include pregnancy within 3 months of death) 1 day  
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 \_\_\_\_\_  
Signature Robert J. Farrell (M. D. or other) \_\_\_\_\_  
Address 624 N. Union Date signed 2/10/47

*[Handwritten signature]*

**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 *Stanley Marshall*  
Licensed Embalmer No. *2868*  
P. O. Address *3845 Lindell*

**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.**