

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10430  
Registrar's No. 2880

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

9  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY <i>Mad</i> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>17 9</i>                               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital <i>0</i>                         |  | d. STREET ADDRESS (If rural, give location) 4408 Randall Pl. <i>0</i>  |  |

|  |                           |  |  |  |                             |                              |
|--|---------------------------|--|--|--|-----------------------------|------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) John b. (Middle) J. c. (Last) Monahan                |                           |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>March 29 1949 |  |                             |                              |
| 5. SEX<br>Male <input checked="" type="checkbox"/>   | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Single <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br>Apr. 10, 1870                      | 9. AGE (In years last birthday) 78                                   | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Plumber |                           | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br>St. Louis, Mo. <i>0</i> |                             | 12. CITIZEN OF WHAT COUNTRY? |

|                                    |  |                             |
|------------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME<br>John Monahan | 13b. MOTHER'S MAIDEN NAME<br>Margaret Speelman | 14. NAME OF HUSBAND OR WIFE |
|------------------------------------|--|-----------------------------|

|   |                         |  |         |
|---|-------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME<br>Mrs. John A. Flynn, 3501 Humphrey St. | ADDRESS |
|---|-------------------------|--|---------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | 19c. MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br><i>170c</i><br>Atelectasis left lung;<br>Laceration of Pericardium<br>Fr. of Left Leg; suffered when struck by unknown automobile<br>25 DUE TO (c) driven by unknown driver at Broadway and Drexel Sts around 7:19 P.M. March |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |                                  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br>19 1949<br>Homicide | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|---|--|

|  |   |  |
|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Homicide</i> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><i>Street</i> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><i>St Louis Mo MO</i> |
|--|---|--|

|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><i>Mar 19 49 7:19 p.m.</i> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *1045A* m., from the causes and on the date stated above.

|   |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><i>Patrick E Taylor Coroner</i> | 22b. ADDRESS<br><i>1300 Clark</i> | 22c. DATE SIGNED<br><i>3 30 49</i> |
|---|-----------------------------------|------------------------------------|

|  |                            |  |  |
|--|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> | 24b. DATE<br><i>4/1/49</i> | 24c. NAME OF CEMETERY OR CREMATORY<br><i>Calvary</i> | 24d. LOCATION (City, town, or county) (State)<br><i>St. Louis, Mo.</i> |
|--|----------------------------|--|--|

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| DATE RECD BY LOCAL<br><i>MAR 30 1949</i> | REGISTRAR'S SIGNATURE<br><i>J. B. Lavater</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Stroot-Carroll</i> | ADDRESS<br><i>4600 Natural Bridge</i> |
|--|---|---|---------------------------------------|

*Bones from Crown*

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....  
*J. Allen Davis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *# 4053*

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.