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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32074

FILED SEP 16 1950

State File No. 32074

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3068</u>		Registrar's No. <u>2151</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u>		c. LENGTH OF STAY (in this place) <u>2 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u>		4544	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7367 ELM AVE</u>				d. STREET ADDRESS (If rural, give location) <u>7367 ELM AVE 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u> b. (Middle) <u>MONAHAN</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 9, 1950</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug. 12, 1893</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or in if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GUS LONMAN</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Stanton</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LATERIA KUBICK 7367 ELM. AVE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>171X</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
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 <u>8-18, 1950</u> , to <u>9-9, 1950</u> , that I last saw the deceased alive on <u>9-9, 1950</u> , and that death occurred at <u>12 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Vincent F. Townsend MD</u>				23b. ADDRESS <u>3101 9th St. Maplewood Mo.</u>		23c. DATE SIGNED <u>9-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>COBALT</u>		24b. DATE <u>9-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BELLE FONTAINE</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-11-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J. C. Logan</u>		ADDRESS <u>7146 MARCHESTER</u>	

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

MB. (Licensed Embalmer's Statement on Reverse Side)

Dr. Townsend

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
J. Allen Davis Jr.
Licensed Embalmer No. 4053

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.