

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35145

9096

BIRTH NO. 69622-52 REG. DIST. NO. 318 MARY REG. DIST. NO. 1009 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Baptist Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1802 Park 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Sam</u> c. (Last) <u>Monte</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Oct. 21-1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OR BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis mo</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Sam Joseph Monte</u>	
13b. MOTHER'S MAIDEN NAME <u>Nellie Charlton</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Sam Monte</u>		ADDRESS	
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>Encephalitis foetalis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parent (father) R.H. Monte</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 (Month) (Day) (Year) (Hour) OF INJURY <u>Nov 21 1950 11:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>770.0</u>			
22. I hereby certify that I attended the deceased from <u>Oct 21</u> , 19 <u>50</u> , to <u>Oct 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 25</u> , 19 <u>50</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edmund J. Kessler M.D.</u>		23b. ADDRESS <u>205 Olive</u>	
23c. DATE SIGNED <u>10/26/50</u>			
24a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>buried</u>		24b. DATE <u>Oct 27</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St Peter's Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT 26 1950</u>		REGISTRAR'S SIGNATURE <u>J. Blosser</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Calcuttara</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

MADE PERMANENT RECORD USING UNFADING BLACK INK

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~~ by Me

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.