

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6638  
Registrar's No. 1276

FILED MAR 5 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2039		
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If rural, give location) 3 2351a Sulphur Ave. 0				
3. NAME OF DECEASED a. (First) KATHERINE (Type or Print)			b. (Middle) B.		c. (Last) MONYHAN	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1952		5. SEX Female		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April, 1912		9. AGE (In years, last birthday) 39		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clk.-Pillsbury Mills		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mitchell, Ind. /		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Oscar Sanders		13b. MOTHER'S MAIDEN NAME Rose McClain		
14. NAME OF HUSBAND OR WIFE Elmer Monyhan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		
17. INFORMANT'S SIGNATURE OR NAME Elmer Monyhan		ADDRESS 2351a Sulphur Ave.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr dislocation of first cervical vertebra suffered when struck by pick up truck driven by one Jim Schautman. DUE TO injury from about 314a Watson Rd about 708 pm July 8 1952 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1952				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no accident		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 8 52 10 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 8120-25		
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 709P M., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Patrick E. Bayliss, Coroner		23b. ADDRESS 1900 Clark		23c. DATE SIGNED 2-9-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)		24b. DATE 12-10-52		24c. NAME OF CEMETERY OR CREMATORY Mitchell, Ind.		
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S.Kingshighway Bl.				

(Licensed Embalmer's Statement on Reverse Side)

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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.

Student .....  
Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address 4228th Kingshighway

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.