

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18335**  
Registrar's No. **4495**

FILED JUN 6 1952

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

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

|   |  |  |   |
|---|--|--|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY _____   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO</b><br>b. COUNTY _____ |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis MO</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis MO 2119</b>                                   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer Phillip Hospital</b>   |  | d. STREET ADDRESS (If rural, give location) <b>2612 N. Whittier St</b>   |   |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <b>Ruth</b> b. (Middle) <b>Monda</b> c. (Last) <b>(MONDA)</b>  |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>May 10, 1952</b>  |   |
| <b>5. SEX</b><br><b>Female</b>  | <b>6. COLOR OR RACE</b><br><b>Negro</b>  | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>N</b>  | <b>8. DATE OF BIRTH</b><br><b>Feb. 20, 1935</b>                           |
| <b>9. AGE</b> (In years last birthday) <b>17</b>  | <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Student</b> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>None</b>  | <b>11. BIRTHPLACE</b> (State or foreign country)<br><b>Charleston, Mo</b> |
| <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>USA</b>   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>None</b>  |   |
| <b>13a. FATHER'S NAME</b><br><b>Albert Monda</b>  |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Essie Lovings</b>   |   |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  | <b>16. SOCIAL SECURITY NO.</b><br><b>None</b>  |   |
| <b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Essie Monda - 2612 N. Whittier</b>  |  |  |   |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b><br><b>Cerebral Hemorrhage (Cerebellar)</b><br><b>2. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |   |
| <b>19a. DATE OF OPERATION</b>   |  | <b>19b. MAJOR FINDINGS OF OPERATION</b>  |   |
| <b>20. AUTOPSY?</b><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |  |   |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)   |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>  |  |  |   |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)  |  | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                       |   |
| <b>21f. HOW DID INJURY OCCUR?</b><br><b>331X</b>  |  |  |   |
| <b>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 <b>10:30 AM</b>, from the causes and on the date stated above.</b>   |  |  |   |
| <b>23a. SIGNATURE</b><br><b>Patrick E. Taylor Coroner</b>   |  | <b>23b. ADDRESS</b><br><b>1300 Clark Ave.</b>  |   |
| <b>23c. DATE SIGNED</b><br><b>6-14-52</b>   |  |  |   |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>Removal</b>  |  | <b>24b. DATE</b><br><b>4-5-16-52</b>   |   |
| <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Washington Park</b>   |  | <b>24d. LOCATION</b> (City, town, or county) (State)<br><b>St. Louis County MO</b>   |   |
| <b>DATE REC'D BY LOCAL REG.</b><br><b>MAY 14 1952</b>   |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>A. L. Beal</b>   |   |
| <b>REGISTRAR'S SIGNATURE</b><br><b>J. Carl Smith</b>  |  | <b>ADDRESS</b><br><b>4303 Delmar</b>   |   |

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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 *Leroy W. Bannister*.....

Licensed Embalmer No. 4523.....

P. O. Address 3880 Easton Ave. ....

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.