

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **6876**

FILED MAR 1 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **380**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>ST. LOUIS</b>	b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>RURAL NORMANDY</b>	c. LENGTH OF STAY (In this place) <b>4 YRS</b>	d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8709 Geiger Rd.</b>
a. STATE <b>MO</b>		b. COUNTY <b>ST. LOUIS</b>	
c. CITY OR TOWN <b>RURAL NORMANDY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>8709 GEIGER ROAD</b>		(If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>ALLEN</b>	b. (Middle) <b>PAUL</b>	c. (Last) <b>MONROE</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 14 1955</b>
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<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>SEPT. 18, 1911</b>	<b>9. AGE</b> (In years last birthday) <b>43</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>SHOE WORKER</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>MISSOURI</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>SHOE WORKER</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>SHOE MGR.</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>MISSOURI</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>JAMES L. MONROE</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>ANNA (UNKNOWN)</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>EDITH JACQUES MONROE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>492-01-6778</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>BYRON PRICE</b>	<b>ADDRESS</b> <b>10834 RDC St. Chas. Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>adenocarcinoma of Left Colon</b>	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) (c metastases to Liver)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>DUE TO (c)</b>		

<b>19a. DATE OF OPERATION</b> <b>April 1954</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Metastatic Carcinoma of Liver from Left Colon</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<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</b> (COUNTY) (STATE)
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from April, 1954 to Feb. 14, 1955, that I last saw the deceased alive on Feb. 14, 1955, and that death occurred at 2:35 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Arthur R. Dalton M.D.</b>	<b>23b. ADDRESS</b> <b>4500 Olive St</b>	<b>23c. DATE SIGNED</b> <b>2/14/55</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	<b>24b. DATE</b> <b>Feb. 16, 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>MEMORIAL PARK</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>NORMANDY Mo.</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>2-14-55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Herbert R. D... Kelly</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>7267 Natural Bridge</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
Signature of Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *414*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.