

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35013

State File No. ....

FILED OCT 27 1955

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

Registrar's No. **8989**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. CITY OR TOWN <b>NORMANDY</b>	
c. LENGTH OF STAY (In this place) <b>12 DAYS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DE PAUL HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>MARILLAC SEMINARY</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SISTER MARGARET</b> b. (Middle) <b>(Alice)</b> c. (Last) <b>MONROE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 14 1955</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>June 24, 1873</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RELIGIOUS</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>DAUGHTER OF CHARITY</b>	9. AGE (In years last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RELIGIOUS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DAUGHTER OF CHARITY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ontario, Canada</b>
12. CITIZEN OF WHAT COUNTRY? <b>Canada</b>		13. FATHER'S NAME <b>John R. Monro</b>	
13a. FATHER'S NAME <b>John R. Monro</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Feal</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sister Margaret-Marillac Seminary</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>151x</b>	
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) m.		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 <b>Sept 2, 1951</b> , to <b>Oct 14, 1951</b> , that I last saw the deceased alive on <b>Oct 3, 1951</b> , and that death occurred at <b>9 A. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Dr. J. J. ...</b>		23b. ADDRESS <b>539 N Grand</b>	
23c. DATE SIGNED <b>10-15-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
24b. DATE <b>10/17/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MARILLAC CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>NORMANDY MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl Smith - m.d. - Cullen - Kelly</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl Smith - m.d. - Cullen - Kelly</b>		ADDRESS <b>7267 NATURAL BR</b>	

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 *Bill C. Branson*.....

Licensed Embalmer No. *4764*.....

P. O. Address *St. Louis, Mo.*.....

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.