URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 23 1960

60-021306

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 24341

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 5-wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Shrewsbury
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7705 Kenridge Lane
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: John; Middle: ; Last: Moninger
4. DATE OF DEATH: Month: April; Day: 21; Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Aug. 17, 81
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months: ; Days: ; IF UNDER 24 HR: Hours: ; Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Kayspring Iron Wks.
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank Moninger
13b. MOTHER'S MAIDEN NAME: Lena Bayer
14. NAME OF HUSBAND OR WIFE: Bertha Farber Moninger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 494-07-4693
17. INFORMANT: Mrs. Walter E. Freese
Address: 4061 Blaine

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Upper Gastro-intestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.
cause undetermined 578x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Terminal Bronchopneumonia — 3 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Right hemiplegia due to cerebral thrombosis
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 12/1/58, to 4/21/60 and last saw her/him alive on 4/20/60
Death occurred at 3:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Arthur K. Trusch MD
22b. ADDRESS: 7500 Devonshire, Shrewsbury
22c. DATE SIGNED: 4/21/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Apr. 23, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR: WACKER-HELDERLE
ADDRESS: 3634 Gravois Ave.
25. DATE RECD. BY LOCAL REG.: 4-22-1960
26. REGISTRAR'S SIGNATURE: Hoard Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

NDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3497

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.