

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3217 -62-017088
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3217**

FILED MAY 1 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b Life		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A., City Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1800 Locust Street				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Edward Middle J. Last Monaghan						4. DATE OF DEATH March 25th., 1962 Month Day Year							
5. SEX M.		6. COLOR OR RACE W.		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/31/1882		9. AGE (last birthday) 79		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, Div. Mgr. Standard Sanitary Plumbing Co.				10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.				11. BIRTHPLACE (City and state or country) U.S.				12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Patrick Monaghan				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.				16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Louis Hoffmann, 7347 Princeton Ave.				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Phenobarbital (Barbiturates) poisoning; DUE TO Self ingested in room at the Claridge Hotel DUE TO suicide about March 25th 1962.												INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suicide 9702								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above									
20c. TIME OF INJURY Hour a.m. p.m. 3-25-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel room		20f. CITY, TOWN, OR LOCATION St. Louis, Mo		COUNTY		STATE			
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Paul J. Simon (Degree or title) Deputy Coroner						22b. ADDRESS 1300 Clark			22c. DATE SIGNED 3/26/62				
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE March 27, 1962		23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) St. Louis County, Missouri							
24. FUNERAL DIRECTOR Arthur V. Donnelly				ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. MAR 26 1962		26. REGISTRAR'S SIGNATURE Loard Smith, M.D.					

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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 _____
Signature of Student Embalmer

Signed Frances Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindale

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.