

17 1939

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7889
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 260 Registered No. 280
 (c) City Jefferson Barracks (d) Street No. Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Russell MONTJOY
 (a) Residence, No. 1227a North 19th Street St. Saint Louis, Missouri.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Otha Montjoy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1893
 7. AGE YEARS 45 MONTHS 9 DAYS 6 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. -
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana, Missouri.
 FATHER 13. NAME Luther Montjoy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana, Missouri.
 MOTHER 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
 17. INFORMANT Clara A. Schelling, VAF., Jefferson Barracks, Missouri.
 18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE 2-18-1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Riley, 3755 Harrison Ave., St. Louis, Mo.
 20. FILED FEB 17 1939 W.R. Meyer, Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1939
 22. I HEREBY CERTIFY, That I attended deceased from February 14, 1939, to February 15, 1939
 I last saw him alive on February 15, 1939. Death is said to have occurred on the date stated above, at 5:20A.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Carcinoma, bronchogenic. Unkn. Date of onset
 Other contributory causes of importance: 47
None.
 Name of operation None Date of None
 What test confirmed diagnosis? Autopsy findings. Was there an autopsy? YES
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Autopsy findings.
 (Signed) W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF., Jefferson Barracks, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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, above space should be left blank.