

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4534

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 1364

1. PLACE OF DEATH: FILED MAR 12 1940
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute City Hospital
(d) Length of stay: In hospital or institution 18 yrs
In this community 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 2301 S. 10th St
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Gay Montgomery
3
(b) If veteran, name war No
(c) Social Security No. 494-09-1149

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Feb. day 9
year 1940 hour 2 minute P M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ollie 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Oct., 29, 1904
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 35 Months 3 Days 10 If less than one day hr. _____ min. _____

Immediate cause of death Excitation and hemorrhage as a result of being caught between the gears of a puncher machine while adjusting it while it was in motion and against the regulation of the steel Valley Steel Products Company at Main and Selmer streets about 1:45 o'clock PM Feb 9 1940
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Morrison, Ark.
(City, town, or county) (State or foreign country)
10. Usual occupation Machinist
Punch Press Operator

PHYSICIAN
Major findings: 1. m
Of operations _____
Of autopsy 205
Underline the cause to which death should be charged statistically.

11. Industry or business Unknown
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Dora Campbell
15. Birthplace Unknown

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 1-29-9 1940
(c) Where did injury occur? at home m
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industry
While at work? _____ (Specify type of place)
(b) Means of injury Caught in Machine
23. Signature W. J. ... (M. D. or other)
Address 2301 Lafayette Ave Date signed 2-10-40

16. (a) Informant's own signature Ollie Montgomery
(b) Address 2301 S. 10th St
17. (a) Removal (b) Date thereof 2/10/40
(c) Place: burial or cremation Morrison Ark.
18. (a) Signature of funeral director C. W. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) FEB 10 1940 (b) J. J. ...

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

NOV-21-39 I 419311

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.