

FILED MAR 12 1940
791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1508

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

1. PLACE OF DEATH:

(a) County St Louis,
(b) City or town St Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 7 days
In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Guy Montgomery

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Antoinette 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec 25 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 15 If less than one day hr. 23 min.

9. Birthplace Hammond La.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name not known

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Antoinette Montgomery

(b) Address 1021 Brooklyn St

17. (a) Buried (b) Date thereof 2-17-40
(Burial, cremation or removal) (City or town) (County) (State) (Month) (Day) (Year)
CHICAGO ILL

(c) Place: burial or cremation Chicago Good Co

18. (a) Signature of funeral director A. J. Richards

(b) Address 2625 Glasgow

19. (a) FEB 14 1940 (b) J. F. Buduh
(Date of filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6701 S Broadway (Rear)
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10 year 1940 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from February 4, 1940, to February 10, 1940; that I last saw him alive on February 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis c Hypertension
Chronic Nephritis

Duration

6-8yrs

"

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. J. Lyman (M. D. or other)

Address 2600 N Whittier Date signed _____

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 *A. J. Richards*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.