

FILED JAN 15 1941 917

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **10110**

I. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Isolation Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)
 In this community Life

8. (a) PRINT FULL NAME Walter Montgomery

8. (b) If veteran, name war ---
 3: (c) Social Security No. 489-10-3305

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 27 years
 7. Birth date of deceased Sept. 7, 1917
(Month) (Day) (Year)

8. AGE: Years 23 Months 3 Days 1 If less than one day hr. 5 min. 0

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical worker 0

11. Industry or business Moloney Electric Co. 0

12. Name Henry W. Montgomery

13. Birthplace Poplar Bluff, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Schloer

15. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Isolation Hospital

(b) Address 5600 Arsenal st.

17. (a) Burial (b) Date thereof 12/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Wacker-Welderle

(b) Address 2600 S. Broadway

19. (a) DEC 9 1940 (b) J. H. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis, 23
(If outside city or town limits, write "RURAL")
 (d) Street No. 327 Marion
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
 year 1940 hour 8 minute 55 A.M.-

21. I hereby certify that I attended the deceased from Nov. 23, 1940
 to Dec. 8, 1940
 that I last saw him alive on Dec. 8, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous meningitis Duration _____

Due to 21
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy as given above

PHYSICIAN

Underlines 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 J. H. Maxwell (M. D. or other) _____
 Address Isolation Hospital Date signed 12/8/40

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

MOTHER, FATHER

OCT 28 1946

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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis mo

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.