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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12063

APR 9 1941

Registration District No. 1984 Cop

Primary Registration District No. 111

Registrar's No. 698

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEASCED:
(a) State Illinois (b) County Madison
(c) City or town Granite City
(If outside city or town limits write "RURAL")
(d) Street No. 2130 ~~Max~~ Grand Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Samuel Atwood Montgomery
3. (b) If veteran, name war No
3. (c) Social Security No. 342-07-9887
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Irene
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Feb 18, 1912 (Month) (Day) (Year)

8. AGE: Years 29 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Troy, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Beer Truck
FATHER
12. Name Luther Montgomery
13. Birthplace Troy Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ethel Cropper
15. Birthplace Hawk Point Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Myrtle Irene Montgomery
(b) Address Granite City, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Mo.
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) MAR 31 1941 (Date received local registrar) (b) T. R. Mayer M.D. Reg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29 year 1941 hour 6:03 minute A. M.
21. I hereby certify that I attended the deceased from Mar 21, 1941, to Mar 29, 1941; that I last saw him alive on Mar 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Medullary Edema and Hemorrhage Arachnoiditis
Due to Ruptured Aneurism of the Anterior Cerebellar Artery
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations non
Of autopsy As above

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 3/29/41

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.